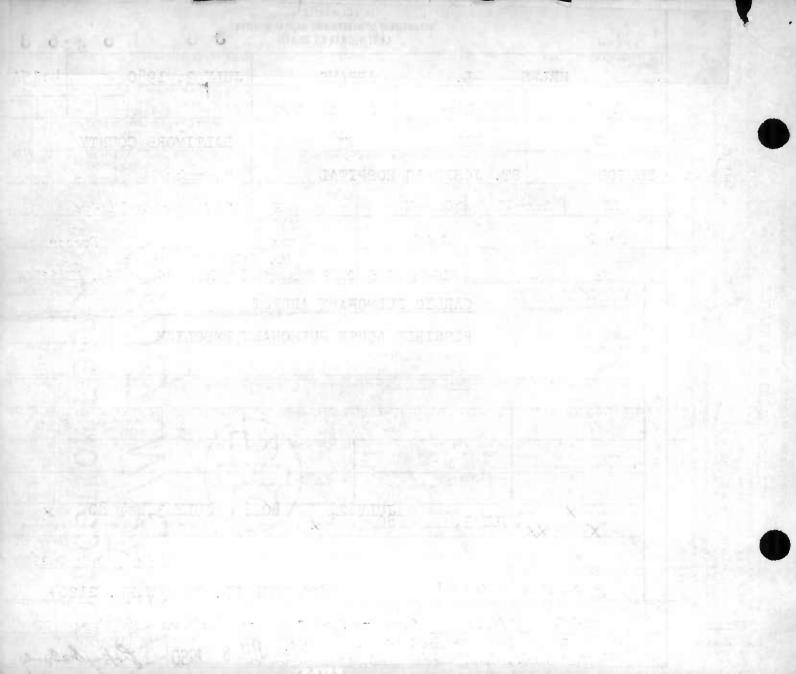
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F 2 F 2 3	₩ —	23a 8	SURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION CITY OR TOWN		COUN	ITY	STATE
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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

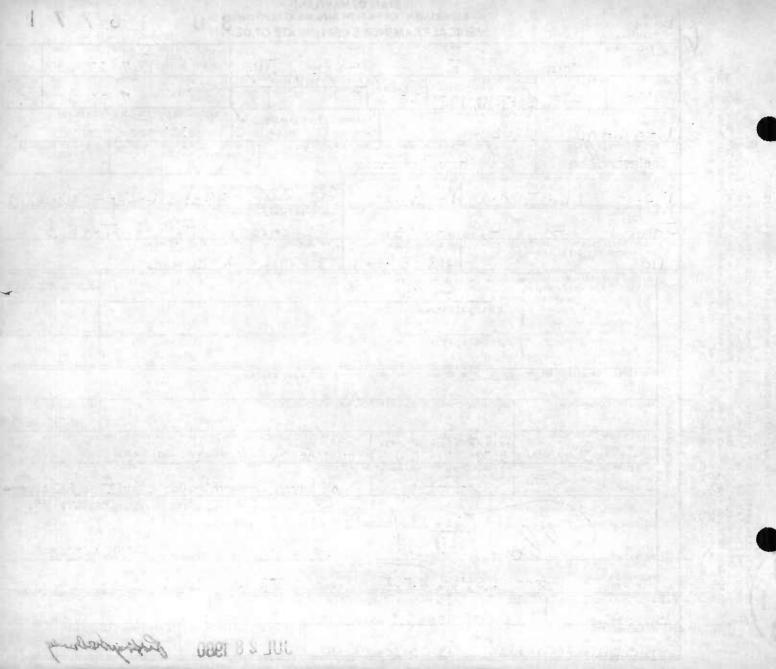


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ž	PRICE DED	MET	WHILE	NOT WHILE X		STREET, FACTORY	, FARM, ETC.)		STREET			ITY OR TOWN		COUN		STATE
0	E CAMINER: THIS CERTIFICATE SHO CERTIFICATE, WRITING THE WORD DULD BE FORWARDED TO THE CHI. J. DIRECTORS, PAGE 3 SHOULD BE U. WITH THE STATE DEPARTMENT OF MARYLAND, 21201 PRIOR TO BURIAL,		AT WORK	AT WORK	3-	Reser	rvoir	L	och Ra	iven R	eserv	oir,C	ochey	svill	Le, Ba	ltimore
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	AND TO THE		death results	ed from Norus	ral causes	0. TA	sident XX /	Suicide	, Hamic	ide .	Undetern	nined mann	ner .			
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	WE A PEN		EXAMINER'S (TYPE OR PRI		mas I	D. Smit	th. M.D.)	ADDRESS	111	Penn	Stre	et			
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST BALTIMORE, MARYLAND, 213	23 a. Bl	JRIAL, CREMA	TION, REMOVAL 2			23c. NAME OF	CEMETERY C		ORY	123d. LOC /	ATION				
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	1,	FOR - STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 0	16	172
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E 4	3 51		4 RACE	5 DATE OF BIRTH	6 AGE IN YEARS LAST BIRTH	MONTHS DAYS	
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and compliges 1 and		WAS DECEASED EVER IN U.S. A	VE WAR OR DATES)	IRITY NO 17 INFORMANT	ADDRES		
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w requires that the en signed by the at Then please remove Then please remove into burial, crematic iny injury, or other	NO	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	ENCE OF DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	ITION GIVEN IN PART 1	(0)
N: The land. n. ate has be to permit. giene pric	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	20h. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH?
SICIA Tysiciar Certific transit Ital Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			RED JENTER NATURE OF INJURY	IN ITEM 18, PART † OR PART 2)	4
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ALOR ATTEND the hospital or at ALDIRECTOR:. Tached for use as the Dept. of Healt T: If Item 21 is n		270 I certify that W (this hasp saw the deceased alive a above, (s) (we) (did) (1.0 dia 27b. SIGNATURE	oital) effended the deceased from 19 oil view the body after death.	DEGREE	death accurred on the dat	22c. DAT	, that Mr (we) last e causes stated E SIGNED
TO HOSPITA TO FUNERAL should be deta with the State IMPORTANT:		22d PHYSICIAN'S NAME TYPE	Braz, MD	22e ADDRESS 9000 Fran	Hin Sq. Dri	ir, Belto,	MD, 2/1
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10	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
(ma)		CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
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100	3. SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
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the the d	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS O
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A 2 A	14 F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N.	AME MIDDLE	LAST
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Poges medico	160 \	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	
ficate be e physician o papers. Po naval. ent, the me	n	0	212-09-	3512A Mrs. Mary A	Hughes same	1.1.4
ow requires that the death co been signed by the attendin mit. Then please remove cort prior to burial, cremotion, or ony injury, or other traumatic	VIION	144 1 -1	rition	JENCE OF DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED		EN IN PART 1(a)
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CIAN; 3 physical propertification of the permission of the permiss		270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)
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NDIN No of or of the offth			ital) attended the deceased from, 12, 19, 19, 19	5/21 , 19 80 80 , and that in (our) opinion DEGREE		
11 OR ATTE the hospito 11 DIRECTO estoched for re Dept. of It		Nous /	M Helm	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	7/12 PO
the hospital the hospital I DIRECTO stocked for the Dept. of I frem 21		Davis M	Hahn	PHYSICIAN PHYSIC	och Raven	7/12/80 Blud.
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LL. JULIA THE FRANKSHIME

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Sust be	130 5		OR OTHER INSTITUTION GIVE RESIDENCE UNITY 136 CITY OR	BEFORE ADMISSION) TOWN 138 INSIDE CITY LIMITS?		H RAVEN BLUD
1		ATHER'S NAME	7middle LASI	15. MOTHER'S MAIDEN N		LAST
8(A)		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS	
2 and	((ES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES) 215-0	7-6365 SISTER		
ottending physicia nove carbon popers otion, or removol. traumatic event, the			only ane cause per line far (a), (I SED BY: IATE CAUSE (a)	7	hoying sh	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH A PRESUREM
		gove rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF		
to burial njury, ar	Z O	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)
ony ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FINDINGS USED
18 shows	Ĭ	7/27/80	Ruptured a	bdominal aneurysm	YES NO	N CERTIFYING CAUSES OF DEATH? YES NO NO
Hem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONTH	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN	N ITEM 18, PART 1 OR PART 2)
5	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O	21f LOCATION	CITY OR TOWN	COUNTY STATE
s morked		220 I certify that (his has	spital attended the deceased f		July 27	, 19, that (we) lot
121		sow the decessed olive obave, (X (ve) did) (and	on July 27		an death occurred on the date	and hour and from the causes stated
T: If Iten		27b. SIGNATURE	Hypya	DEGREE ATTENDING PHYSICIAN		July 28,1980
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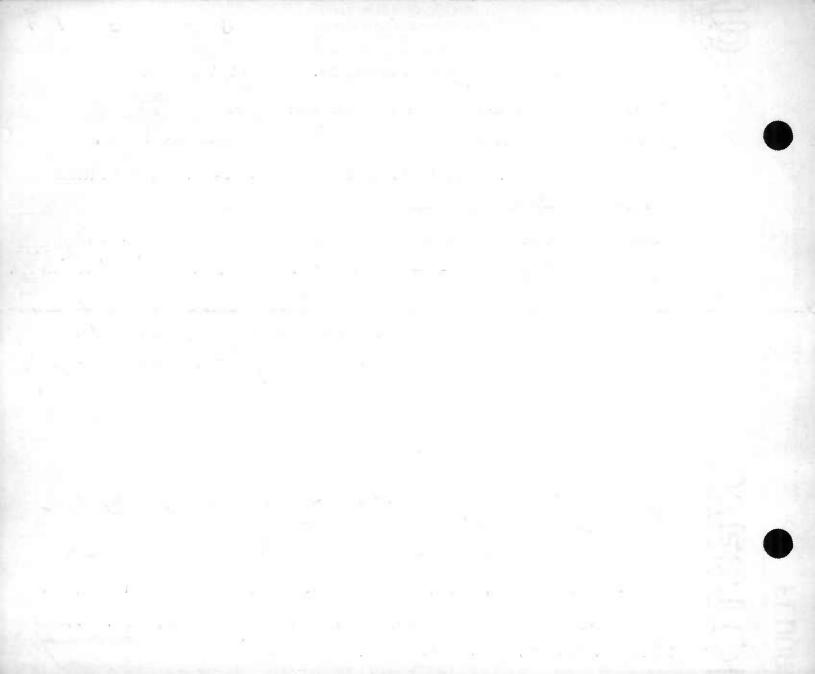
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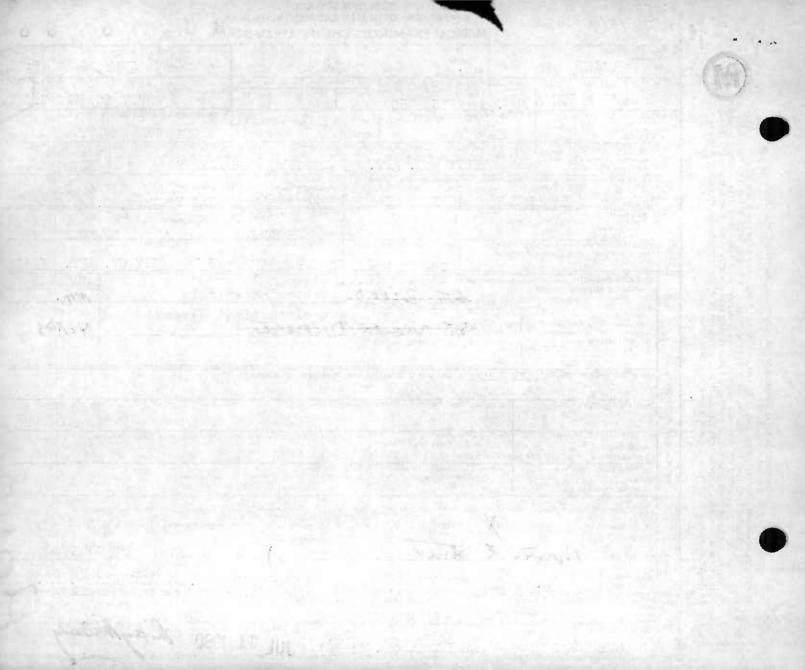
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

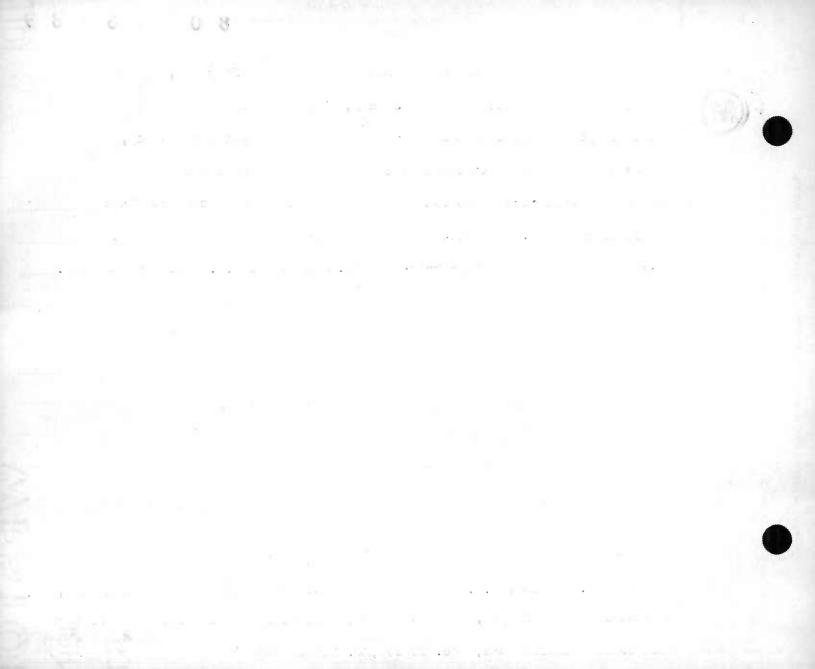
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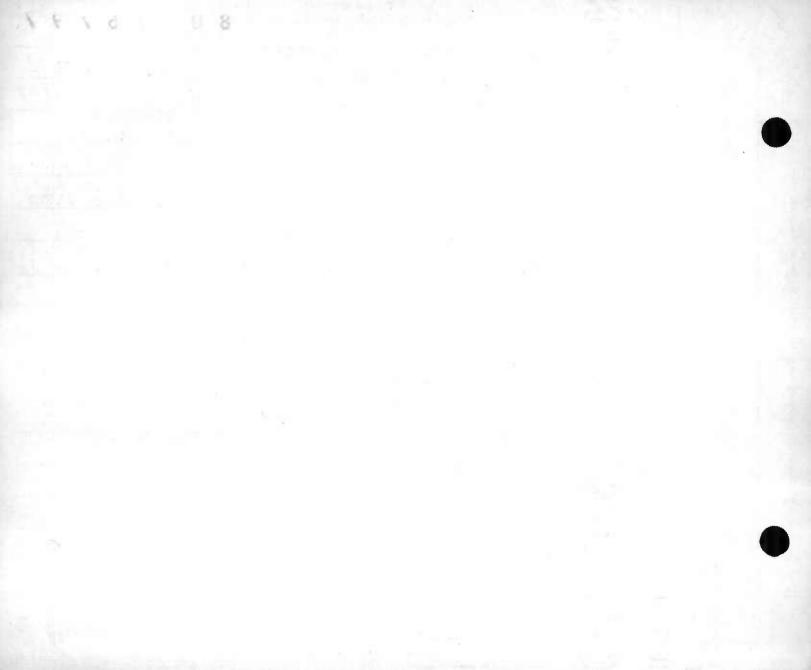
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2e. DATE OF DEATH MONTH OAY 1. DECEASED NAME Mae Bobbitt YEAR ZI HOUR Laura AM (TYPE OR PRINT) 3 80 * RACE Caucasian IF UNGER I YEAR IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHOAY) Female 5 DATE OF BIRTH MONTH YEAR OAYS HOURS YRS BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED | ESI WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR UF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY AITOESS Food MTONSVIL TAUEN Service NURSING JOWE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13a STATE 134 INSIDE CITY LIMITS? 13e STREET ADDRESS P RALTIMORE 21227 YES [NO X LTIMORE 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDOLE LAST FIRST MIDDLE Blake Vesta Newton Kincaid ADDRES 2409 Tionesta Rd 166 SOCIAL SECURITY NO 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE, WAR OR OATES) 232-58-1975 Wirs. Virginia Ballard Balt., Md.2122 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c) PART I. DEATH WAS CAUSED BY A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? N CERTIFYING CAUSES OF DEATH? NO! YES [NO I Mental Hyg 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 50 71d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased from .. and that in (my) (our) apinion death accurred on the date and haur and from the causes stated sow the deceased alive on. obove, (I) (we) (did) (did not) view the body ofter death 22c DATE SIGNED 226. SIGNATURE DEGREE ATTENDING STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22 & PHYSICIAN'S NAME (TYPE OF PRINT) should b AROLD 0 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE 230. BURIAL, CREMATION, REMOVAL CITY OR TOWN COUNTY /80 Burial Alderson Cemetery Alderson Greenbriar W. Va. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-16 20M** Md. 21228 (VRA 15, 4) 7/7B MacNabb Balt., Funeral Home



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MORE, e execut n ond co Poges 1		WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	RITY NO. 17. INFORMANT 3062 Frederick	R. Bohlen 53	18 East Ave.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ING PHYSICIAN: The law requires that the death certificate be execut of the death certificate be execut that certificate has been signed by the attending physician and consist be build-transit permit. Then please remove carbon papers. Pages I than and Mental Hygiene prior to buriol, cremation, or removal.	ION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	TE CAUSE (b) CAPGIO-P DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ulmonary Arrest	DISCASE A STATE OF CONDITION G	RETWEEN ONSET AND DEATH NOTE: THE PROPERTY OF
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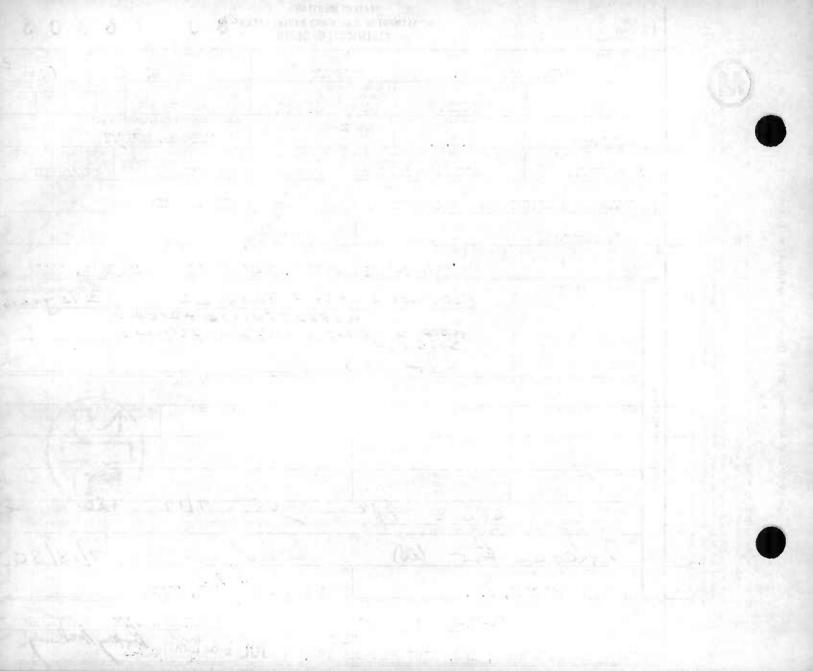
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IMPORTANT: IF	22d PHYSICIAN'S NAME (TYPE O	A. Wall, Jr., M.	22e ADDRESS D. 7620 You	rk Road, Towson, MD 2	
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23€	BURIAL, CREMATION, REMOVAL	236. DATE 23c. I	NAME OF CEMETERY OR CREMA		COUNTY STATE

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN 1080 Borig 21 Lawrence Francis DEATH MATED 4. RACE SEX 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED 2d HOUR 10/2/1946 33 VDC male white 1.80 :40A DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Maryland Baltimore U.S.A. County WIDOWED [DIVORCED X O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS RidgeRd/West of BucksSchoolHouseRd FOR MOST OF WORKING LIFE)
Teacher OR INDUSTRY Fullerton Public Schools USUAL RESIDENCE HE IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA Balto. 30 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Parkville NOX 8113 Wilson Ave. 21234 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Henry Boria Mildred Feeney 17. INFORMANT MAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS No Henry J. Borig-Mildred Borig--As in 13e 212.50.5440 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio cerebral trauma IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES XX NO PRIOR TO BURIA 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING driver of auto/fixed object collision 2:30AM 7/21 CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, 211. LOCATION AT WORK AT WHILE Ridge Road/W of BucksSchRoad, Fullerton, Baltoco XX roadway Its. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Netwool courses LXX Undetermined manner TITLE (SPECIFY DeputyChief MEDICAL EXAMINER 7/21/80 EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, N BALTIMORE, MA DATE 111 Penn St.Balto,MD 21201 EXAMINER'S NAME Thomas D. Smith, M.D. 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE 7/22/1980 Cremation Green Mount Crematory Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 25 INTEGE RAPS SUBEL 24. FUNERAL DIRECTOR **DHMH-17** Walter Brooks Bradley Thc., Dundalk, Maryland (VR A15 ME (5)) 15M 7/77

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rifficate of the state of the s	Ü	210. ACCIDENT WAS UNDER		110110	OF INJURY	H DAY YEA		IRY OCCURRED	(ENTER NATURE OF INJU	JRY IN ITEM 1	B. PART 1 OR PA	ART 2)	
ertifical-transfer	₹	OR CONTRIBUTING CA		n	P.M.	H DAY IE	1						
ding buri	MEDICAL	21d. INJURY OCCURRE		21e PLAC	E OF INJURY		211 LOCATION		CITY OR TO	14/51	COUNT		
er the the ond ked	₹	WHILE NOT WHILE	E 🔲	(AT HOME, S	STREET, FACTORY,	OFFICE, FARM, ETC.)	SIREEI		CITY OR TO	WIN	COUNT	1	STATE
or of Affi		220.1 certify that (I) (1		al) attended	the deceased	from 5/	6	10 68	10 7/1	2	10 86) th	nt (l) (we) M
OR OR	1	sow the deceased above, (1) we will				19 B D	ond that in (my)	ur) opinion deo	th occurred on the o	lote and h	our and fro	m the co	ouses stated
rosp red feed feed feed fem 2		22b. SIGNATURE	(did not)	view the boo	ly ofter death.		DEGREE					DAJES	
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ouned by Orline Strike		220. PHISICIAN S NAM	TYPE OR	PRINT)									
shoul with t		EDMUND KA		S, M.D) .				ROAD, 21	.228			
- N > 2	23o. 6	BURIAL, CREMATION, R	EMOVAL	23b. DATE		23c NAME O	CEMETERY OR CRE	EMATORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE
BP		BURIAL		07-2	1-80	L	OUDON PARK	K	BALTIMO	RE CI	TY	MARY	YLAND
MH - 16 50M 1/76	24. F	UNERAL DIRECTOR			ADDR	ESS	21229		C'D. BY RECUSTRAR	256. 82	1	A. S.	Ecoly
(VR A 15 (4))	н	JBBARD FUNE	RAL H	IOME. 1			ENS AVE.	JUL	1 8 1980		/		/



			STATE OF MARYLAND		
A	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	16804
	1. DECEASED NAME FIR:	MIDDLE	tast .	20 DATE OF DEATH MON	TE TIOOK
eq p		REW TACKSON	BOWEN	7	17 80 2:35 pm
9e · 4 moy	3 SEX MALE	White	S. DATE OF BIRTH MONTH DAY YEAR 9 9 9 9 9 9 9 9 9 9 9 9 9	6. AGE (IN YEARS LAST BIRTHDAY	YRS. IF UNDER I YEAR IF UNDER 2 HRS MONTHS DAYS HOURS MIN
Post Post Post Post Post Post Post Post	76. BIRTHPLACE STATE OR FOREIGN COUNTRY] MAYY AND	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR C	noise County MD.
on softer of the	BALTIMARS, MA	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS! HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	17b. KIND OF BUSINESS OR
AND 21201 1 24 hours of filled on by		ME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR OUNTY 136. CITY OR TOW	N. 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS LI	awndale Rd.
MARYLAND ed within 24 mpletely filler ond 2 should	Charles	Widole D. Bower	15. MOTHER'S MAIDEN NA	Avet MIDDIR.	BECK
BALTIMORE, cote be execut cote be execut appers. Pages 1 val. the medical	160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF YE	S. ARMED FORCES? 166 SOCIAL SECU S. GIVE WAR OR DATES) 216-09	-3384 ELIZA'SE	th Hawken	25 GLyndon Dr. TZ Reisterstown, Ud.
201 W. PRESTON ST., es that the death certific ned by the attending phy please remove carbon pr ural, cremation, or rema	Canditions, if any, whi gave rise to immedia cause (a), stating tunderlying cause la	e e DUE TO, OR AS A CONSEOU	ENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART 1(g)
VITAL RECORDS, N: The low requir vysicion. visit been sig roosis permit Then Hygiene prior to b Rygiene prior to b Rishows ony injury	190 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYN		OPERATION WAS PERFORMED	200 AUTOPSY? 20	Db. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
N OF VITA SICIAN: The paper physicial certificate priod-transit mental Hygie frem 18 shall be a sh	OR CONTRIBUTION CALISE	DEDEATH HOUR A.M. MONTH D.		RED (ENTER NATURE OF INJURY IN	
DIVISION OF NG PHYSICIA ottending pl ffer this certif os the buriol-t th and Mental orked ar frem	(IF EITHER, NOTIFY MEDICAL EXA WHILE AT WORK AT WORK CASS CASS	21e PLACE OF INJURY	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital ar TTOR: Af for use a of Health	saw the deceased ali	naspital) attended the deceased fram	, and that in (my) (aur) apinian	, ta	and haur and fram the causes stated
TAI OR A y the hos RAL DIREC detoched detoched tote Bept.	276. SIGNATURE SMOULENT -	11 - 1	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
HOSPI FUNE Suld be with the S	171MFA		RGAS 220 ADDRESS RGAS NIT. WILSO	ON HOSP.	
0000 BP	230 BURIAL, CREMATION, REMI	July 19, 1980 6	NAME OF CEMETERY OR CREMATORY Used LAWN Cem.		wa Balto Wid.
DHMH - 16 50M 7/77 (VR A 15 (4))	24 FUNERAL DIRECTOR	A Oussian Appress	12 1/s Wo 250. PM	EREC'D BYSES DYRAR 256	REGISTRAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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3 SEX male	4. RACE 5. White		YEAR LAST BIRTHDAY	MONTHS DAY		24 HRS2c.	DATE NOUNCED DEAD	монтн 7	25 19 80	2d. HOU
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10. CITY OR TO	1stown	I. NAME OF HOSPITA (IF NOT IN SUCH FACILITY Deer Park	L, NURSING HOME, (CONTROL AND RESS) Road		TITUTION	FOR MOST	OCCUPATION (T DF WORKING LIFE)		12b. KIND OF 8 OR INDUS	USINESS TRY
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lying	(a) stating the <u>under</u> - cause last.	DUE TO, OR AS A	A CONSEQUENCE OF		MARIE		alic se			
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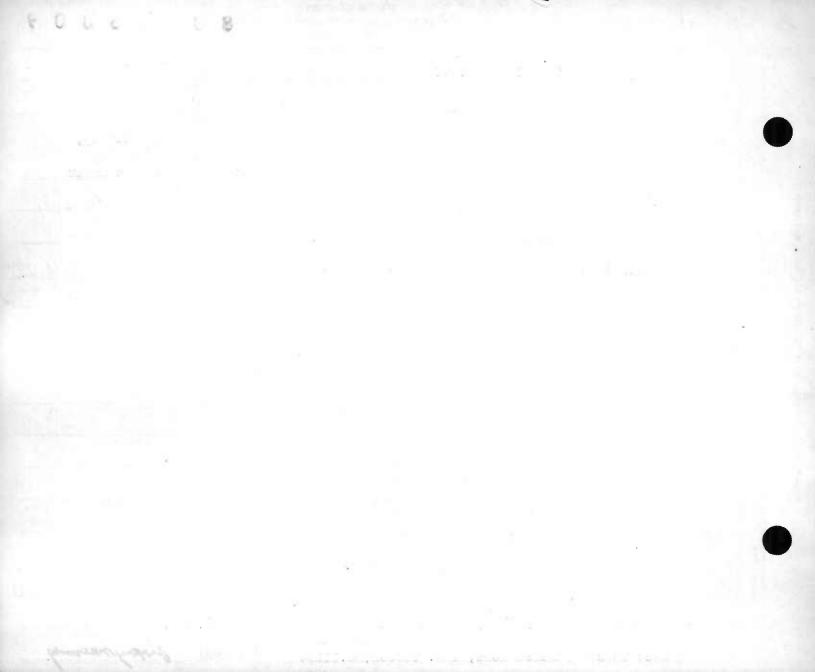
٠,	1.	FOR - STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	IENE 8 0	,	6 8	U .
25		CEASED NAME FIRST CARRI	MIDDLE	Ē	BROWN		7-4-	YEAR -80	26. HOUR 12 4
120	3. SE		RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 74 H
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END)	7e. BI	RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY	MARRIE WIDOW	D NEVER MARRIED	Balto.	Count		
		andallstown	NAME OF HOSPITAL, NURS		4	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		126 KIND OI INDUSTRY	BUSINESS
The section of the se	13e. 5	AL RESIDENCE (# NURS MA HOLLO OF STATE Md.	13c. CITY OR TO Balto	RE ADMISSION)		13. STREET ADDRESS 501 W. Fr	anklin	St.	"IL
and 2 show	14. F/	ATHER'S NAME FIRST MIDE	DLE LAST		15 MOTHER'S MAIDEN NA/ FIRST	ME		LASI	
Pages 1 s		VAS DECEASED EVER IN U.S. ARMEI YES, NO ORUNKNOWN) (IF YES, GIVE WA UNKN.			17 INFORMANT	ADDRE	SS		1.6
igned by the atta o please rambow of the fall, cremiting mury, or other t		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEOL		NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN	IN PART 1(0	1
tehas bern permit. The iene prior to show into	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
g physician. his certificate has burial-transit permit. Mental Hygiene pri		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH (P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER HATURE OF INJUR	Y IN ITEM 18, PAR	T 1 OR PART 2)	111
After this s the burileth and Memory of marked o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC	211 LOCATION STREET	CITY OR TOW	N .	COUNTY	STATE
TOR: use a Heal Heal		224.1 certify that (1) (this haspital) saw the deceased alive an abave, (1) (we) (did) (did nat) vi	7-4-19	200	nd that in (my) (our) apinian o	death occurred an the do	te and haur o	and from the	
etained by the hospital TO FUNERAL DIRECT hould be detached for a with the State Dept. of MPORTANT: If Item 2		274 PHYSICIAN'S NAME (TYPE OR PR	ul House)	ATTENDING PHYSICIAN [MEDICAL STAF		77-L	4-8
retained by the I TO FUNERAL D should be detach with the State D IMPORTANT: II		SOONCHU	L HON	G	Battimore	County	Seu	eraf	Hos
- ,	23a. (SPECIFY)		NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN) c	OUNTY	state
BP	24. FI	Removal UNERAL DIRECTOR	7/6/80		25e DAT	REC'DINVERDISTRAR	ALCREGISMA	R'S SIGNATI	JR!
DHMH-16 25M VRA 15, 4) 1/79		Anatomy Board	Balto., Me	d.	JUL.	7 2 1380		3	

2	1.	FOR STATE		DEPART	MENT OF H	E OF MAKTLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 0	1	68	0 8
£	DEC	REGISTRAR EASED NAME FIRST OR PRINT!		HODLE	L	AST BROWN	REG. N		DAY YEAR	26 HOUR
	J SEX	emale	4 RACE Wh	ite	5. DATE C	F BIRTH OAY -/D -/886	6. AGE IN YEARS LAST BIR	YRS	FUNDER I YEAR	# UNDER 24 HI HOURS MM
335	cc	RTHPLACE (STATE OR FOREIGN DUNTRY) Maryland	U. S		MARRIE	DE DIVORCED	Baltimore City of Baltimo	ore Co	unty	
270		Towson	MAN N	OR GIVE STREET	ADDRESSI -	TOWSON	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O Homemaker	ION OF WORKING LIFE	E) INDUSTRY	Home
35	lar		or other institution, JNTY LLIMORE	GIVE RESIDENCE BEFOR 13c CITY OR TOW TOWSON	E ADMISSIONI (N	YES XX NO	13. STREET ADDRESS 103 Vers	saille	s Circl	e
0 230		THER'S NAME Randolph	WIDDLE	Ware		15 MOTHER'S MAIDEN NAMED	MIDDLE		Oweni	ngs
event, the me	lón, W (Y	(AS DECEASED EVER IN U.S. / es, no or unknown) NO	RMED FORCES?	215-05-		Roberta Samo	orodin, 6500			ATE INTERVAL
shows any injury, or other	CERTIFICATION	cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICAN: 190 DATE OF OPERATION	CONDITIONS CO		DEATH BUT	NOT RELATED TO THE TERM	ZOO AUTOPSY?	20h. IF YES	EN IN PART 1(o	GS USED
A -7	-	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E HE EITHER, NOTHY MEDICAL EXAMIN	EATH HOUR A.A	A. MONTH D	AY YEAR	₹1c HOW INJURY OCCUR	YES NO	YE	5 🗌	но 🗆
markedo	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE C (AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
T: If Item 21 is		226 I certify that (1) (this has saw the deceased alive a above, (1) (we) (did) (did 22b. SIGNATURE	7/1/	19		DEGREE ATTENDING PHYSICIAN	death occurred on the d	FF		
IMPORTANT		224. PHYSICIAN'S NAME (TYPE	R /.	KE		22e ADDRESS	ouklon	/	>///	
	18	URIAL, CREMATION, REMOVA PECIFY) Burial	7-5-8			EMETERY OR CREMATORY Ridge Cemetery	2			
6 25M 4) 1/79		INERAL DIRECTOR NAME ICK TOWSON Fund	eral Home	ADDRESS Inc. T	1050 Sowson	Vark Da	E REC'D. BY REGISTRAR	256. REGIST	RAR'S SIGNATI	URE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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	1			STATE OF MARYLAND		
3	1	FOR - STATE REGISTRAR	DEPART	AENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 0	16809
may be r, page 3	I. DE	CEASED NAME FIRST M.	Irene	Brown	2a DATE OF DEATH	7 10 80 3:10 A
ge 4 moy ector, pag	3. SE	× — emale	RACE	S. DATE OF BIRTH MONTH OAY VEAR 1894	6. AGE (IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
neral dire			CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED NOVEL DIVORCED		R COUNTY OF DEATH O County, MD.
rs ofter de by the fur filled within	10.0	TOWSON	. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET STELLA Mar	G HOME OF OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b, KIND OF BUSINESS OR INDUSTRY
NND 2120	USU 13e	AL RESIDENCE (IF NURSING HOME OR OT	HER INSTITUTION, GIVE RESIDENCE BEFORE	AOMISSION)	13e. STREET ADDRESS	Purling ton W.
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imore, nond con nond con medical e		NAS DECEASED EVER IN U.S. ARME YES, NO ORUNKNOWN) (IF YES, GIVE WA	D FORCES? 166 SOCIAL SECU		ADDRE HOSIN	55 Du lancu Valle, 1021204
d ST., BALT certificate b ng physicia pon papers: removal		18 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED B	one couse per line far (0), 1b1 and		TIS NESPA	APPROXIMATE PITERVAL BETWEEN ONSET AND DEATH
the death of the other remove contemption, or emotion, or enter traumotion.		Conditions, if any, which gove rise to immediate cause (a), stating the	(b) AS A CONSEQUE	U D.		
RDS, 201 W equires that n signed by Then please r to buriol, at	z	underlying couse lost. PART 2 OTHER SIGNIFICANT COR	(c)	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
TALRECORI	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
VISION OF VITAL S PHYSICIAN. The threading physician the certificate hite buriol-tronsit. and Mental Hygies eed or item 18 shoo		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MONTH D.	19 21c HOW INJURY OCCURE		
DING PHYSICIAN or otherdrop physician After this certificate os east had be woold from on the order or them 18 morked or them 18	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	210 PLACE OF IN LURY (AT HOME, STREET, F) TORY, OFFICE, F	211 LOCATION	CITY OR TOW	N COUNTY STATE
TOR A		220.1 certify that (I) (this hospital) saw the decreased alive or ubove. (I) (we) (did) (did not) v	July 9. 10	80 and that in (my) (our) opinion is	to Guly death occurred on the do	19 80, that (I) (we) last stee and hour and from the couses stated
SPITAL d by the hospi NERAL DIRECT be detoched for es Stote Dept of TANT: If hem 2	-	276 SIGNATURE	The state of the s	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	
TO HOSPITAL TO HOSPITAL TO FUNERAL DIREC TO FUNERAL DIREC with the Stode Dept t MAPORTANT: if hem		27d PHYSICIAN'S NAME (TYPE OR PR	Nakhuda	1205 UO	rk Rd. L	utherullo Mdaings
0 a 5 4 3 8	23a	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
17/1BP		Burial	July12,1980 New	Cathedral Cemeter		
DHMH-16 20M	24. F	UNERAL DIRECTOR		050 York Road 250. DATE	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATURE
(VRA 15, 4) 7/7B	LF	Ruck Towson Funer		1 1411	1 4 1980	frifty Melsedy



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙀

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
	IRST MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
JOHN	THOMAS	CAINES, SR.	JULY 9, 1980		8:25
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER YEAR	# UNDER 24 HP
Male	White	Oct. 29, 71913 YEAR	66	MONTHS DAYS	HOURS MIN

BIRTHPLACE STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania

II S A

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Summit Nursing Home USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION

12a USUAL OCCUPATION 176. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Industrial Eng. Retired 13e STREET ADDRESS

BaltimoreCounty

2 D Rambling Oaks Way

9 BALTIMORE CITY OR COUNTY OF DEATH

Maryland 4 FATHER'S NAME George

underlying

CERTIFICATION

MEDICAL

8

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130 STATE

ID CITY OR TOWN OF DEATH

Catonsville

FOR

MIDDLE

60. WAS DECEASED EVER IN U.S. ARMED FORCES?

136 COUNTY

Caines

Catonsville

16b. SOCIAL SECURITY NO

Jennie 17 INFORMANPasadena. Md. ADDRESS

15 MOTHER'S MAIDEN NAME

NO MX

DIVORCED [

MIDDLE J. Thomas Caines, Jr., 2605 22nd St.

Fawcett 21222

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 179-16-0349 no 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY

Baltimore

CONSEQUÊNCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

couse

Conditions, if ony, which gove rise to immediate couse (o), stoting the

90 DATE OF OPERATION

21b. TIME OF INJURY HOUR A.M. MONTH

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

21e PLACE OF INJURY

DAY YEAR

21c HOW INJURY OCCURRED VENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 21

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

and hour and from the couses stated

211 LOCATION CITY OR TOWN COUNTY

STATE

sow the deceased alive on. obove, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE

224 PHYSICIAN'S NAME (TYPE OR PRINT) Dr. William J. Bryson

22a.1 certify that (1) (this hospital) attended the deceased from

22e ADDRESS

PHYSICIAN DIRECTOR PHYSICIAN 5772 Westview Mall, Catonsville, Md.

MEDICAL

nd that in (my) (our) opinion death occurred on the dal

ATTENDING

22s. DIATE/SIGNED

23a. BURIAL, CREMATION, REMOVAL 23b. DATE Burial

23c. NAME OF CEMETERY OR CREMATORY Lakeview Mem. Cemetery

DEGREE

Sykeswillow Geneall Md.

DHMH - 16 60M 1/75 (VR A 15 (4))

7/11/80

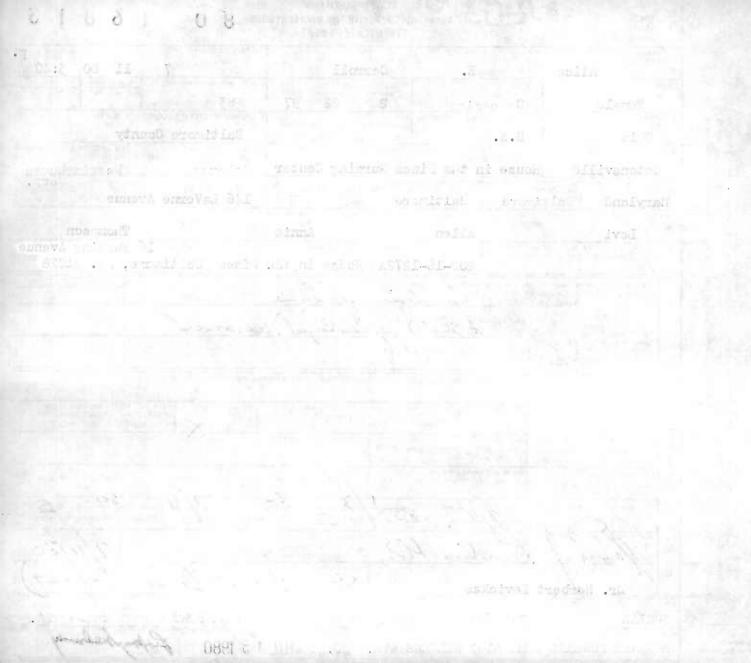
24 FUNERAL DIRECTOR 1630 Edmondson Ave., Catonsville, Md250. DATE REC'D. BY REGISTRAR 256. RECISTRAR SSIGNATURE

Witzke Funeral Home of Catonsville, P.A. 21228

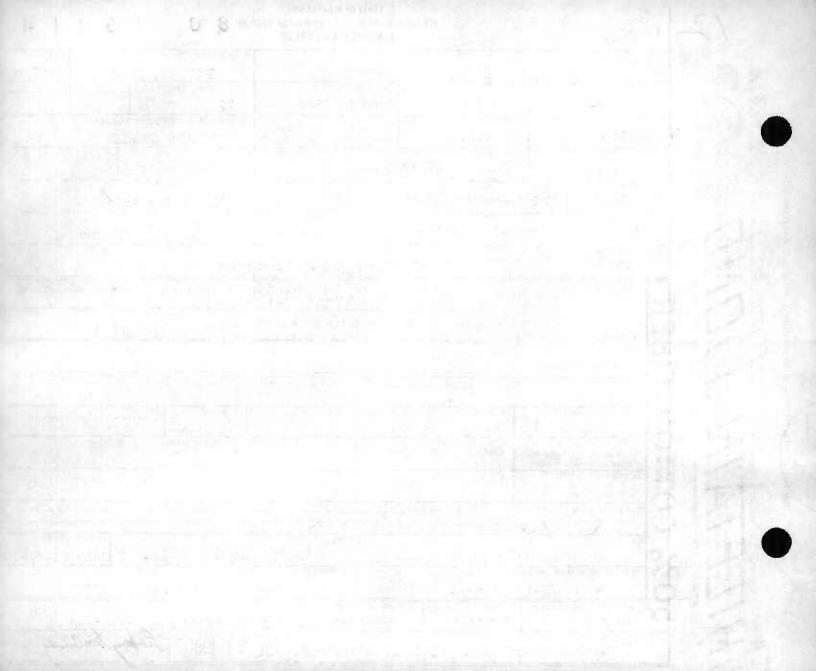
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE S FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 7/30/80 1. DECEASED NAME 2a. DATE OF DEATH (IVPE ON PRINTS ister Mary Matthew Callahan 3. SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MPS HOURS. White Female BALTIMORE CITY OR COUNTY OF DEATH 7a BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Mass. Baltimore County USA WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET, ADDRES Teacher LIFE Education Glen Arm Glen Arm la Maria, MARYLAND 21201 USUAL RESIDENCE OF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 113d INSIDE CITY LIMITS? 3457630 Glen Arm Rd. Baltimore Maryland Glen Arm 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Mary MIDDLE Callaghan Matthew Callahan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) S.Louis Marie Koesters, Glen Arm 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Metastic carcinoma of colon w/obstruction PART I, DEATH WAS CAUSED BY: W. PRESTON ST., IMMEDIATE CAUSE (o) DUE TO: OR AS A CONSEQUENCE OF gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying coose last DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 30h IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 78e AUTOPSYT IN CERTIFYING CAUSES OF DEATH? NOT YES [NO F nal-tronsit | TIR ACCIDENT WAS UNDERLYING E 216 TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 7. 00 HOUR A.M. MONTH YEAR DE CONTRIBUTING CALIFE OF DEATH MEDICAL OF EITHER, HOTEY MEDICAL EXAMINERS THE LOCATION 214 INJURY OCCURRED 21s PLACE OF INJURY CITY OF FOWN COUNT (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE AT WICHE 72a I certify that (I) (this hospital) attended the deceased from he deceased plive on and that in (agt (our) opinion death accurred on the date and hour and from the causes stated DEGREE THE DATE SIGNED ATTENDING MEDICAL STAFF MPORTANT: THE PHYSICIAN'S NAME LTYPE OF PRINT 22e ADDRESS the S 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Sister's Cemetery Glen Arm, Balto. Md. Burial 24 FUNERAL DIRECTOR DHMH-16 60M 1/73 Cambridge Md. Curran Funeral Home (VR A 15 (4))

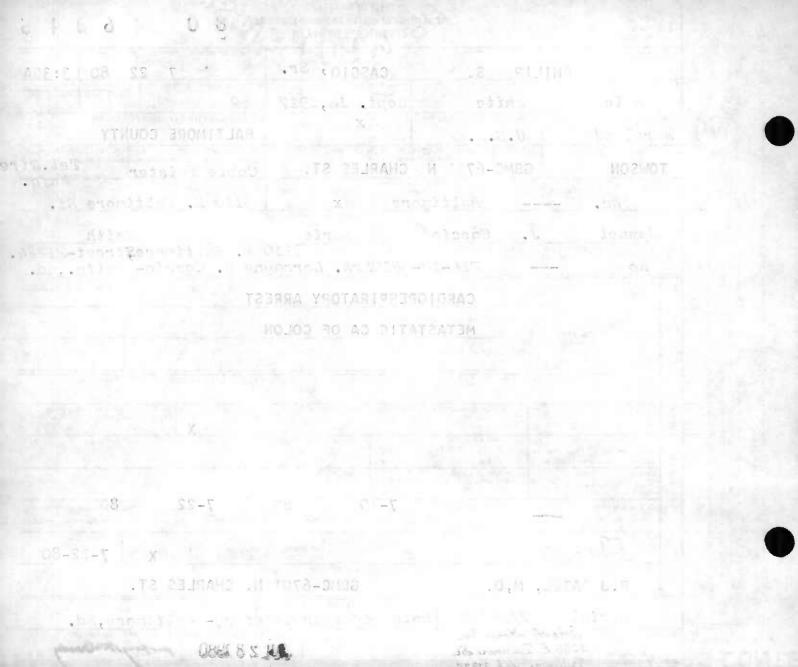
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE KNOWN IN MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED Peggy Jane Charikofsky 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED white 1931 female 9 49 7a BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | FOREIGN COUNTRY) TISA WIDOWEKXXX DIVORCED BE FILED, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION LITYPE OF WORK OR INDUS Randallstown Baltimore County General Hospital Homemaker 13a. STATE 13c CITY OR TOWN Randallstown 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3916 Tiverton Road NO X PAGES 1 AND 2 S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Gordon MIDDLE Atexander Baker Grace Campbell Jeffrey Charikofsky ton Rd. Randallstown, 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 213-28-4721 APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c). PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ON, OR REMOVAL. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF A BURIAL-TRANSIT Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19g. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 9 DEPARTMENT OF YES 🗌 NO 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 SHOULD HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 211. LOCATION 21d. INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY AT WORK TO MEDICAL EXAMINER: 1
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFEE DEATH, WITH THE ST BALTIMORE, MARYLAND, 213 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Notural causes Suicide Homicide Undetermined monner EXAMINER'S NÂME 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Burial 7/30/80 Baltimore National Cem. Baltimore MD Loring Byers Funeral Directors, P. A^{25a} PATE REC'D BY REGISTRAR 25b DHMH - 17 (VR A15 ME (5)) 8728 Liberty Rd., Randallstown, MD 30M 7/73

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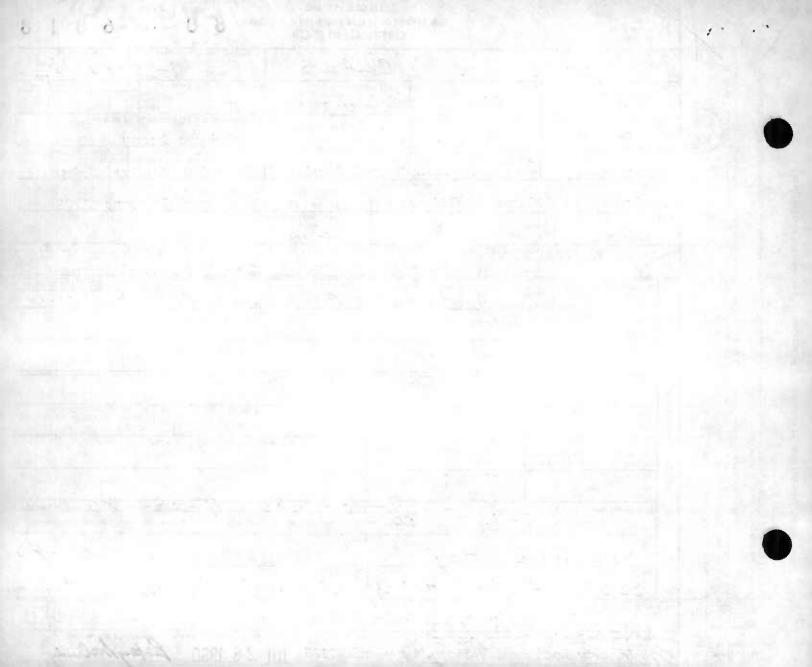
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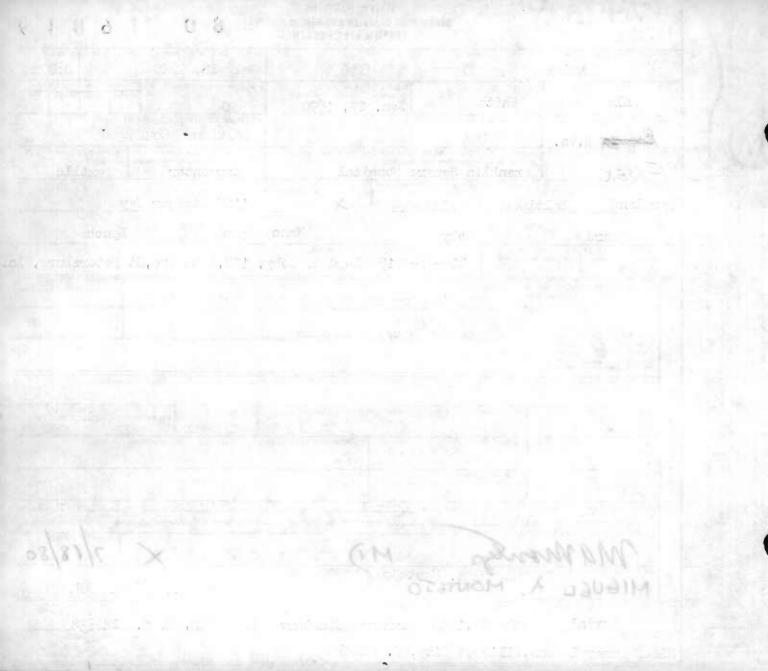
-	1			STATE OF MARYLAND			
	1.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HY	0 0	16	8
1		CEASED NAME FIRST	WIDDLE	LAST	REG. N 20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
)	(177	Bark	para G. (larke	J	UN Z8 1	980 10:3
1	3. SE	× Gal		ATE OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAT) IF UNDE	RIYEAR & UNDER 2
		remale	White 4	Eb 5 1897	8.3	YRS.	
997		SCOT Land		ARRIED NEVER MARRIED	9 BALTIMORE CITY	Ba Himor	
000	10. C	Ba Himure	11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES 7,111 Greenwood	(\$)	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	ION 12b. OF WORKING LIFE) IND	KIND OF BUSINES DUSTRY
35	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	13c CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		reenwood
W. 20		THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	6	LAST
100		11iam	Graham	Janet	ADDR		ınk.
/ edi			MED FORCES? 166 SOCIAL SECURITY I	1.00			
8		no	1212-24-8	% John G. C1	arke 7111		
9		18. CAUSE OF DEATH (Enter or	ally one cause per line for (a), (b), and (c).)				APPROXIMATE INTERV
2	-		TE CAUSE (D) Oral (a)	ncer			Z month.
of it		1459	DUE TO, OR AS A CONSEQUENCE	OF			
E o		Conditions, if any, which	(b)				
other froum		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE	05			
othe		underlying couse lost.	DOE TO, OR AS A CONSEQUENCE	Or			
ury, or	z	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN F	PART 1(a)
ony in	CERTIFICATION	19a. DATE OF OPERATION	19b CONDITION FOR WHICH OPER	ATION WAS BEDEODMED	20g. AUTOPSY?	Table VES WERE	FINDINGS USED
	FIC	174. DATE OF OFERATION	THE CONDITION FOR WHICH OFER	ATION WAS FERFORMED	100	IN CERTIFYING C	CAUSES OF DEATH
shows	Ē	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY	Tal- HOW MINDY OCCUP	YES NO	YES 🗌	NO 🗆
or Item 18 shows		OR CONTRIBUTING CAUSE OF DEA		EAR 21c. HOW INJURY OCCUR	CKED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)
Her.	S	(IF EITHER, NOTIFY MEDICAL EXAMINER		19			
0	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	211. LOCATION STREET	CITY OR TO	OWN COL	UNIY STA
morked	1	AT WORK AT WORK					~
E		22a I certify that (1) (this haspi	tal) attended the deceased from	01431 19 19	10 JULY 2	-8 , 198 (, that (I) (we
21 :		sow the deceased alive on	TV V 23 1) view the body ofter death.	_, and that in (my) (our) apinion	death occurred on the d	ate and hour and fr	rom the couses state
E .		22b. SIGNATURE	it view the body offer death.	DEGREE		122	L. DATE SIGNED
*		(Vegalor 111	Remott	M ATTENDING	MEDICAL STA		11,70 10
ž-		22d. PHYSICIAN'S NAME (TYPE O	DO DOINT	22e. ADDRESS	DIRECTOR PHYSIC	IAN N	1,62 his
MPORTANT		Charles V	V. Bennett M.D.	- · ·	tice Center, 7	-nanklin S	g. Hosp., t
\$	23a	BURIAL, CREMATION, REMOVAL		OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNT	TY STA
_	Bu	specify) irial	7-30-80 Gar	dens of Faith	Balto.	Balto	, Md.
0		INERAL DIRECTOR		250. DA	A PECO, BY RECISION	256. REGISTRANS	SIGN THRIP
-	L	SSÄHN FUNERA	L HOME 740°PRESSBel	air Rd.	MOG - 1900		7

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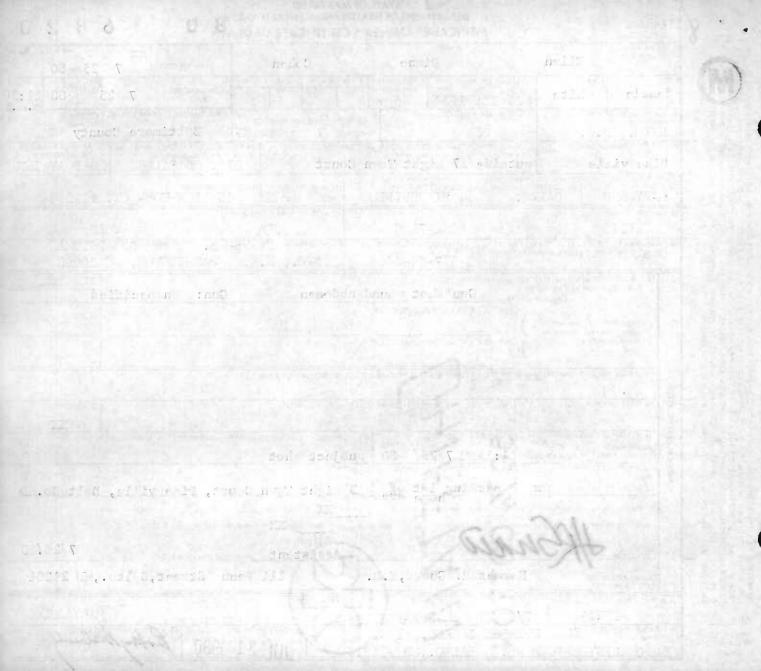
1		1/				STAT	E OF MARYLAND		
A.	· · · · ×	1.	FOR - STATE REGISTRAR		DEPARTN		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 0	16818
01	/ / X	I. DE	CEASED NAME FIRST		MIDDLE		AST		MONTH DAY YEAR 26 HOUR
	9 64	ITYP	OTTE	9	R.	C	LAUS	/	7-25-80 /30 1
	may may	3 SE	X	RACE		5 DATE		6. AGE (IN YEARS LAST BIR	
	age 4		Male	Whi	te	Feb1	uary 10, 1893	87	MONTHS DAYS HOURS MIN
-	e o li	70. B	IRTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	BALTIMORE CITY O	OR COUNTY OF DEATH
	O Ges		Germany		S. A.	WIDOWI	D DIVORCED	Baltimore	County MD.
	after minit	10 C		(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a: USUAL OCCUPAT	
201	ours lett	Ro	indallstown	Baltimo	preCounty	Gener	al Hospital	Mechanist	Sealtest Dairy
ND 21	ithin 24 ho y filled in ould be fill	130 MA	AL RESIDENCE (# NURSING HOME OR C STATE 13b COUN' Lry Land Balt	other institution iy imore	130 CITY OR TOWN Baltimor	ADMISSION) N PE	134. INSIDE CITY LIMITS?	130. STREET ADDRESS 5429 Month	pel Avenue 21207
3	d with letely 2 shou		ATHER'S NAME				15 MOTHER'S MAIDEN NAM	AE .	
MAR	00		unknown	IDDLE	LAST		unknown	MIDDLE	LAST
RE.	^ = -		WAS DECEASED EVER IN U.S. ARA		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS Baltimore, MD 21207
OW .	n and Pages	(YES, NO OR UNKNOWN) (IF YES, GIVE TO	WAR OR DATES)	215-10-27	714A	Mr. PAul K.	Claus 5429	Montbel Avenue
IDS, 201 W. PRESTON ST.	v requires that the death certifing phy in signed by the attending phy hen please remove carbon page to burial, cremation, or remony injury, or other traumatic en	NO	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, C	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO D	NCE OF	C CANCING	Prostal	DITION GIVEN IN PART 1101
RECO	te has bee permit. T iene priori	CERTIFICATION	190 DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	70% IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS	SICIAN ysician. ertificat transit ptal Hygi tal Hygi Item 18	MEDICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			Y YEAR	21¢ HOW INJURY OCCURR		
IVISION	DING PHY ttending ph After this c s the burial. th and Men marked or		21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY IREET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TOV	NN COUNTY STATE
•	TO HOSPITAL OF ATTENC retained by the hospital or at TO FUNERAL DIRECTOR:, should be detached for use as with the State Dept. of Healt IMPORTANT: If Item 21 is n		220.1 certify that (1) (this hospite saw the deceased alive an above, (1) (we) (did) (did not 22b. SIGNATURE Soon class 22d. PHYSICIAN'S NAME (TYPE OR SOON CH	frew the body	19		DEGREE ATTENDING _	MEDICAL STAL DIRECTOR PHYSIC	
00	BP P # 3 ≥		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL		31,1980 I	ordor	emetery or crematory 1 Park Cemeter	y Baltimor	e Mary Land
	DHMH-16 25M (VRA 15, 4) 1/79	24 F	uneral director Loring 28 Liberty Road	Byers Randai	Funeral D Ustown, M	irect lary l	tors, P.A. 250 DATE and 21133	28 1980	25b. REGISTRAR'S SIGNATURE





. 4	1-	FOR STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0 REG. NO. 6 8 2 0								2 0
		ECEASED NAM	E FIRST Ellen		Diane		Cohen	20.	DATE KNOWN OF ESTI- DEATH MATED	N FE-MONI	H DAY YEAR	I THOOK
1)		emale	4. RACE White	5. DATE OF BIRTH MONTH DAY MAY 28,	YEAR LAST BIRTHI 1934 46 Y	AY) MONT	DER 1 YR. IF UNDE	MIN PRO	DATE ONOUNCED DEAD	MONTH	25 ₁₉ 80	R 2d. HOUR
W. PRES	V	VASH., I	D.C.	US		WIDOW	IED NEVER MARI	CED XXX	Balti	more (County	MD.
BE FILE DS 301	F	ikesvil	lle	outside	DSPITAL, NURSING HOM FACILITY, GIVE STREET ADDRESS) /17 Light To GIVE RESIDENCE BEFORE ADMISS	own C	ourt	DIR	OF SA	LES	K 126 KIND OF E OR INDUS HOLIDA	Y INN
2 SHOULD BE FILED. AL RECORDS, 301 W.	13a. S	TATE MARY LANI ATHER'S NAME	D BAI		PIKESVIL	LE	13d. INSIDE CITY LIMITS? YES NO X		LIGHTT	OWN C	Г. #2120	8
28 33C		ELLIS	S D EVER IN U.S. ARA	MED EORCES2	ROSENBERG	V NO	DOR	RA	WIDDLE		WOLF LAST	<i>h</i>
DIVISION		NO OR UNKNO	(IF YES, GIVE	WAR OR DATES)	577-44-64		AVE., S				OC 20003	ATE INTERVAL SET AND DEATH
HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	NO	gave ri cause (o lying cau		(b) DUE TO, O	R AS A CONSEQUENCE	1	E OR CONDITION GIVEN IN P.	ART 1 (a)				
PEPARTMENT OF HEALTH PRIOR TO BURIAL, CREMATIK	CERTIFICATION		OPERATION		DITION FOR WHICH OPE						20. AUTOPS	Y? NO [
PRIOR TO BUI	MEDICAL CE	UNDERLYING CONTRIBUTION	NG CAUSE OF E	DEATH 11:15	DF INJURY M. MONTH DAY YEA RM 7/25/ 1980 OF INJURY (ATHOME, CTORY, FARM, ETC.)	sul	DW INJURY OCCURR bject shot CATION JEREET					
	N		NOT WHILE AT WORK X	x par	king lot of home are escribed above, held on	a 13	Light Tow sy Inspection	n Cour	Inquiry ,			CO MD
BALTIMORE, MARYLAND,		ACTUAL SIGNATURE	ed from: A Notur	rol couses :,	Accident , Si	icide	Hamicide XX TITLE (SPECIFY) ASSISTANT		ined manner	DATI	7/2	6/80
ALTIMOR		EXAMINER'S (TYPE OR PRI			R. Guard, M.		ADDRESS			t,Balt	o.,MD 21	.201
	1220 B	URIAL CREMA										
< ∞ 7		BI	JRIAL	7/27/80	SHAARE BROS., INC	тет	LOH	23d. LOCA CITY OR TO BAL! REC'D. BY REG	OWN TIMORE	STRAP'S	MARY LA	

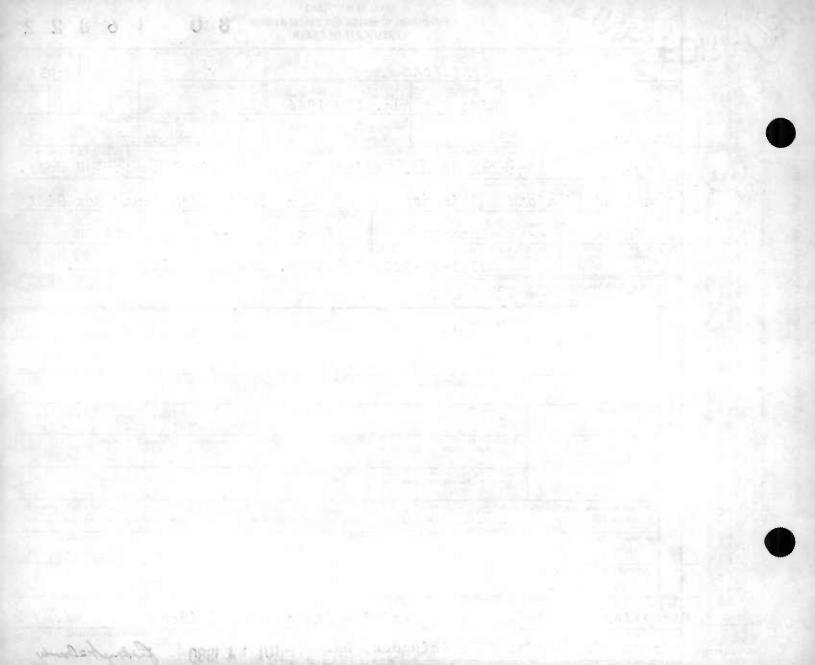
STATE OF MAKTLAND



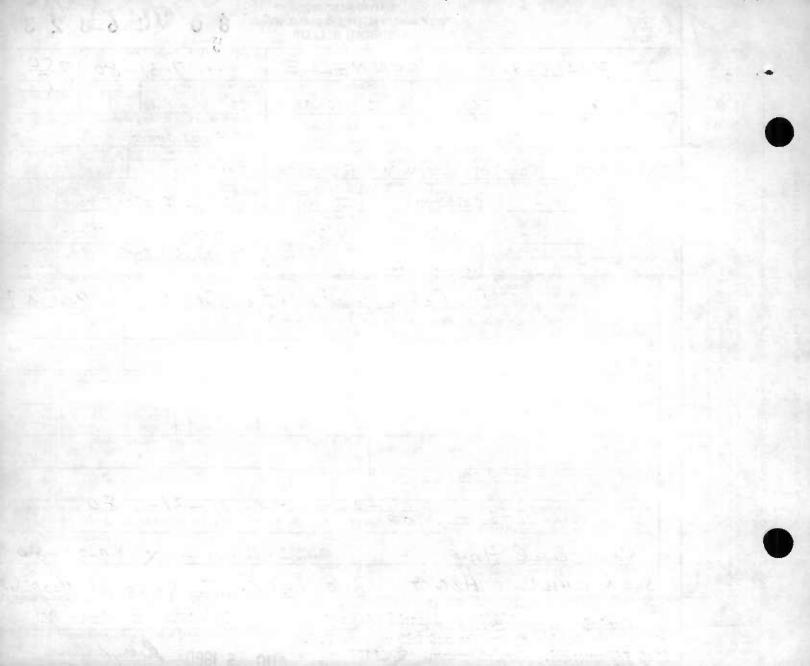
	4		STATE OF MARYLAND		
	1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	AGIENE 8 0	1682
		REGISTRAR		REG. NO	
-		CEASED NAME FIRST	MIDDLE	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
(April		William	BEVER Collier		7 /27/80 8 4
	3 SE		4 RACE S. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS MIN
rs a	1	YALE	WHITE JUNE 11 1911	69	YRS.
at		RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY O	R COUNTY OF DEATH
notified	Z	Llinois	4.5. A. WIDOWED DIVORCED	Balto	County
00	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12e USUAL OCCUPATION	ON 126 KIND OF BUSINESS O
35	150	ENDALLSTOUR	Balto Co. Gen. Hospital	ENGINE	
E	USU/	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION! NTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS?	13e STREET ADDRESS	
nine (TIMORE PIKESUILLE YES NO 1	609 FAR	MAURST ROAD
exami	The Person named in	THER'S NAME	IS MOTHER'S MAIDEN N		
13/3	L	FIRST	MODIE LAST FIRST COLLIER ERNESII	MIDDLE	BECAES
med		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT	COLLI	SS
the day	I.	ES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	C= 10-6 65%	FARHLURST BD.
ent,	-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	()	APPROXIMATE INTERVAL BETY EEN ONSET AND DEAT
pape emova tic eva		PART I. DEATH WAS CAUSE	ally one cause per line for (a), (b), and (c).	1 1 +	BETYEEN ONSET AND DEAT
r rem ratic		IMMEDIAT	TE CAUSE 10) Wente My ocasaling	1 cofferesto	a mode
n, o		410-	DUE TO, OR AS A CONSEQUENCE OF		1
P - 1		Conditions, if ony, which	1 Ibi ASLUX		
1 L			17/		
cremati or other		gove rise to immediate couse 101, stating the	DUE TO, OR AS A CONSEQUENCE OF		
5 6		gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	1	
rial, cr rry, or	7	gove rise to immediate couse 101, stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR COND	DITION GIVEN IN PART 1(o)
Then please re or to burial, cr any injury, or	TION	gove rise to immediate couse 101, stating the underlying couse last	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER		
prior to burial, cr ws any injury, or	ICATION	gove rise to immediate couse 101, stating the underlying couse last	(c)	RMINAL DISEASE OR CONE	DITION GIVEN IN PART 1 (o) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
prior to burial, cr ws any injury, or	RTIFICATION	gove rise to immediate couse iol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNTY OF T	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER	206 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} NO \(\begin{array}{c} \ext{NO} \\ \ext{D} \\ \ext{NO} \\
rgiene prior to burial, cr 18 shows any injury, or	CERTIFICATION	gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT C 196 DATE OF OPERATION 216, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY 21c. HOW INJURY OCCU	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
ental Hygiene prior to burial, cr or frem 18 shows any injury, or		gove rise to immediate couse iol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COUNTY OF THE COUNTY OF T	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 186 TIME OF INJURY HOUR A.M. MONTH DAY YEAR	206 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
Antal Hygiene prior to burial, cr or Item 18 shows any injury, or		gove rise to immediate couse iol, stating the underlying couse last PART 2 OTHER SIGNIFICANT CO 196 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 18 EITHER, NOTIFY MEDICAL EXAMINER; 216. INJURY OCCURRED	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 210 PLACE OF INJURY 211 LOCATION	200 AUTOPSY? YES NOW NRED (ENTER NATURE OF INJUR	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1
Nental Hygiene prior to burial, cr or frem 18 shows any injury, or	MEDICAL CERTIFICATION	gove rise to immediate couse 101, stating the underlying couse last PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CAUSE OF DEA 18 EITHER, NOTIFY MEDICAL EXAMINER;	19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 11e PLACE OF INJURY 21le PLACE OF INJURY	206 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1
ealth and Mental Hygiene prior to burial, cr is marked or Item 18 shows any injury, or		gove rise to immediate couse iol, stating the underlying couse lost PART 2 OTHER SIGNIFICANT C 18e DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEA IN EITHER, NOTIFY MEDICAL EXAMINER; 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 210 PLACE OF INJURY 211 LOCATION	200 AUTOPSY? YES NOW NRED (ENTER NATURE OF INJUR	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO VINITEM 18, PART 1 OR PART 2) YES COUNTY STATE
The lith and Mental Hygiene prior to burial, cr 21 is marked or Item 18 shows any injury, or		gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT C 18e DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 18 EITHER, NOTIFY MEDICAL EXAMINER; 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify the (1) whis hospit	19b CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. HOW INJURY OCCU STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET 101) OTTENDED the deceosed from 19	206 AUTOPSY? YES NOW URRED (ENTER NATURE OF INJUR CITY OR TOW	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO VINITEM 18, PART 1 OR PART 2] YOU COUNTY STATE 2 19 19 1ho (1) We)
The lith and Mental Hygiene prior to burial, cr 21 is marked or Item 18 shows any injury, or		gove rise to immediate couse 101, stating the underlying couse lost PART 2 OTHER SIGNIFICANT C 18e DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 18 EITHER, NOTIFY MEDICAL EXAMINER; 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify the (1) whis hospit	19b CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 21c. HOW INJURY OCCU NOT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET 101) ottended the deceased from	206 AUTOPSY? YES NOW URRED (ENTER NATURE OF INJUR CITY OR TOW	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO VINITEM IB, PART I OR PART 2] YOUNG COUNTY STATE 2 19 1, that (1) Gre)
Dept. of Health and Mental Hygiene prior to burial, cr If Item 21 is marked or Item 18 shows any injury, or		gove rise to immediate couse iol, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF THE DESCRIPTION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACCOUNT AND ACCIDENT WAS UNDERLYING AT WORK AT	19b CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21l LOCATION STREET 10l) offended the deceosed from 19 11) DEGREE	200 AUTOPSY? YES NOW CITY OR TOW On death occurred on the do	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE TO COUNTY STATE 220. DATE SIGNED 221. DATE SIGNED
tate Dept. of Health and Mental Hygiene prior to burial, or NT: If Item 21 is marked or Item 18 shows any injury, or		GOVE FISE TO IMMEDIATE COUSE IO, STOTING THE UNDERLYING COUSE IOST PART 2 OTHER SIGNIFICANT OF THE DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA 18 ETIMER, NOTIFY MEDICAL EXAMINER NOTIFY MORK NOT WHILE NOT WHI	21b. TIME OF INJURY HOUR A.M., MONTH DAY YEAR P.M., 19 21e PLACE OF INJURY 101 offended the deceased from 19 , and that in my) (dur) opinion DEGREE ATTENDING PONDITIONS CONTRIBUTIONS (COLUMN) ATTENDING PHYSICIAN	200 AUTOPSY? YES NOW CITY OR TOW To To Town death occurred on the do	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE TO COUNTY STATE 220. DATE SIGNED 221. DATE SIGNED
rate Dept. or nearth and wentral hygiene prior to burial, or NT: If Item 21 is marked or Item 18 shows any injury, or		GOVE FISE TO IMMEDIATE COUSE 101, STOTING THE UNDERLYING COUSE 1051 PART 2 OTHER SIGNIFICANT CO 110 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 118 ETHER, NOTIFY MEDICAL EXAMINER; 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT	21b. TIME OF INJURY 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY 101) ottended the deceased from 11) item the body ofter death. DEGREE ATTENDING PHYSICIAN 22e ADDRESS	200 AUTOPSY? YES NOW CITY OR TOW On death occurred on the do	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE TO COUNTY STATE 220. DATE SIGNED
rate Dept. or nearth and wentral hygiene prior to burial, or NT: If Item 21 is marked or Item 18 shows any injury, or	MEDICAL	GOVE FISE TO IMMEDIATE COUSE IO., STOTING THE UNDERLYING COUSE IO.ST PART 2 OTHER SIGNIFICANT OF THE SIGNIF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY 101 ottended the deceased from 19 11) hiew the body ofter death. DEGREE ATTENDING PHYSICIAN 120 22e ADDRESS 3 / 0 0 / 4	JRRED (ENTER NATURE OF INJUR CITY OR TOW CITY OR TOW MEDICAL DIRECTOR PHYSIC	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE 22. 19 tho (1) the) to one hour and from the causes stated 22. DATE SIGNED
Dept. of Health and Mental Hygiene prior to burial, or If Item 21 is marked or Item 18 shows any injury, or	WEDICAL MEDICAL	GOVE FISE TO IMMEDIATE COUSE IO., STOTING THE UNDERLYING COUSE IOST. PART 2 OTHER SIGNIFICANT OF THE SIGNIF	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY 11at Home, STREET, FACTORY, OFFICE, FARM, ETC.) 21b. Time body office death. DEGREE ATTENDING PHYSICIAN 22e ADDRESS 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY	200 AUTOPSY? YES NOW JRRED (ENTER NATURE OF INJUR CITY OR TOWN MEDICAL STAF MEDICAL PHYSIC CT ROLL Y 23d, LOCATION CITY OR TOWN	286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
tate Dept. of Health and Mental Hygiene prior to burial, cr NT: If Item 21 is marked or Item 18 shows any injury, or	WEDICAL MEDICAL	GOVE FISE TO IMMEDIATE COUSE IO, STOTING THE UNDERLYING COUSE IOST PART 2 OTHER SIGNIFICANT OF THE DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA 118 ETHER, NOTEY MEDICAL EXAMINER AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK TO WHILE SOW THE COUSE OF THE CO	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY 101 ottended the deceased from 19 11) hiew the body ofter death. DEGREE ATTENDING PHYSICIAN 120 22e ADDRESS 3 / 0 0 / 4	JRRED (ENTER NATURE OF INJUR CITY OR TOWN MEDICAL STAF MEDICAL PHYSIC CT RO PHYSIC Y 23d LOCATION CITY OR TOWN BALTIMA	286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO

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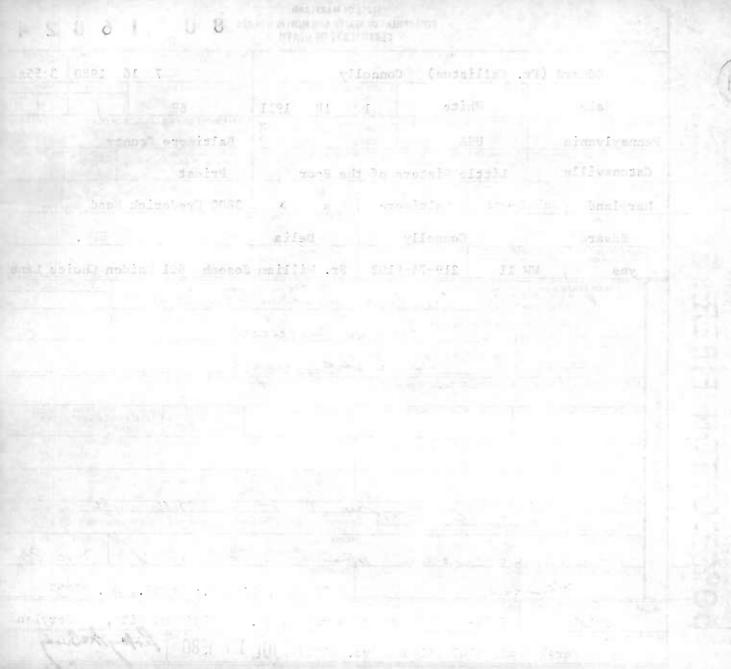


	1			STATE OF MARYLAND		
1	1	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	1682
ge 3		ECEASED NAME FIRST FRANCE	E8 C	CONNELLE	26 DATE OF DEATH	7-3/-80 750
See de de	3. SE	Female 4	RACE White	5 DATE OF BIRTH MONTH OAV YEAR 11 25 1888	6 AGE IN YEARS LAST BIRTH	INCOVERS DAYS INCOMES MICH
ours	7a B		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		COUNTY OF DEATH
in 72		MD	USA	WIDOWED DIVORCED	Baltimore	
by the fulled within	R	andallstown		opress) General Hospital	120. USUAL OCCUPATION OF WORK FOR MOST OF HOMEMAKEY	WORKING LIFE) INDUSTRY
ould be filled in	USU 13a	AL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT MD -	THER INSTITUTION, GIVE RESIDENCE BEFORE 13c CITY OR TOWN Baltimore	ADMISSION) 134. INSIDE CITY LIMITS? YES XXX NO	13. STREET ADDRESS 2102 N.	Charles Street
nd 2 sho		ATHER'S NAME FIRST ME Edmund	odie last Burke	15 MOTHER'S MAIDEN NA FIRST Annie	ME Eliza	Moore
ysician and co pers. Pages 1 a oval.		WAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN) (IF YES, GIVE W		TITY NO 17 INFORMANT 670	1 Windsor Wi	11 Road, Balt. MD
been signed by the at .: Then please remove rior to burial, cremati s any injury, or other	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENT (c) NOTIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM		
cate has to the permit ygiene promote 18 shows	CERTIFICATION			DPERATION WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
his certificat urial-transit p Mental Hygid		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA'	Y YEAR 19	RED (ENTER NATURE OF INJURY	Y IN ITEM IS, PART 1 OR PART 2)
After this the buries the and Memory marked of	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET	CITY OR TOW	N COUNTY STATE
Use a Heal		228 I certify that (I) (this hospital sow the deceased alive an_ above, (I) (we) (did) (did not)	1/-3/- 19	5, and that in (my) (our) ppinion	o, to3 death occurred on the da	te and haur and from the couses stated
RAL DIRECT detached for tate Dept. of ANT: If Item 2		Someliu	l Hore	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	
TO FUNERAL IS should be detach with the State D IMPORTANT:		SOON CHU	L HONG	Balle week	County	general Hosp.
0		BURIAL, CREMATION, REMOVAL BURIAL BURIAL	8/4/80 Drn	ame of cemetery or crematory uid Ridge Cemetery	Pikesvill	
HMH-16 25M RA 15, 4) 1/79			Byers Funeal D	rectors, r.A.		Sh. REGISTRAR'S SIGNATURE
10, 41 11/3	_8	728 Liberty Rd.	Kandallstown, l	MD 21133	10 5 108N I	Water 1 / Law VIVING

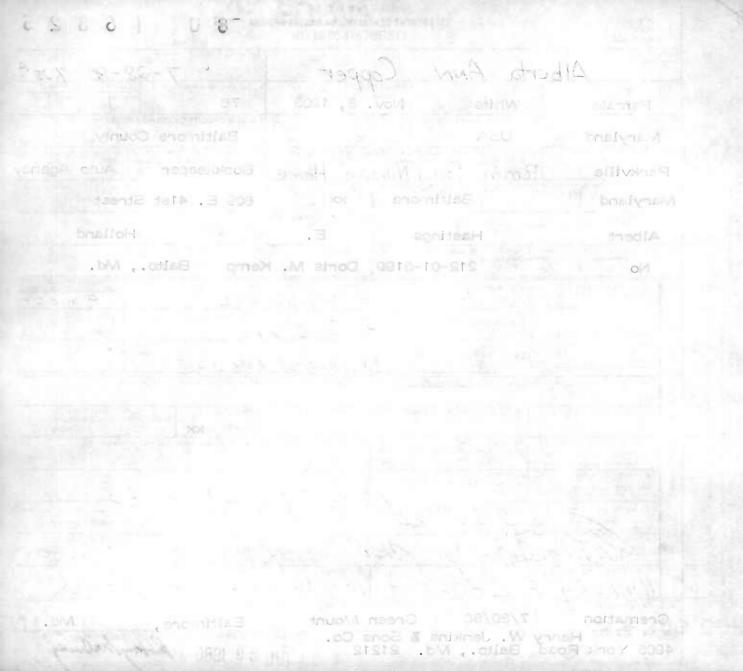


Hubbard Funeral Home, 4107 Wilkens Ave. 21229

(VR A 15 (4))

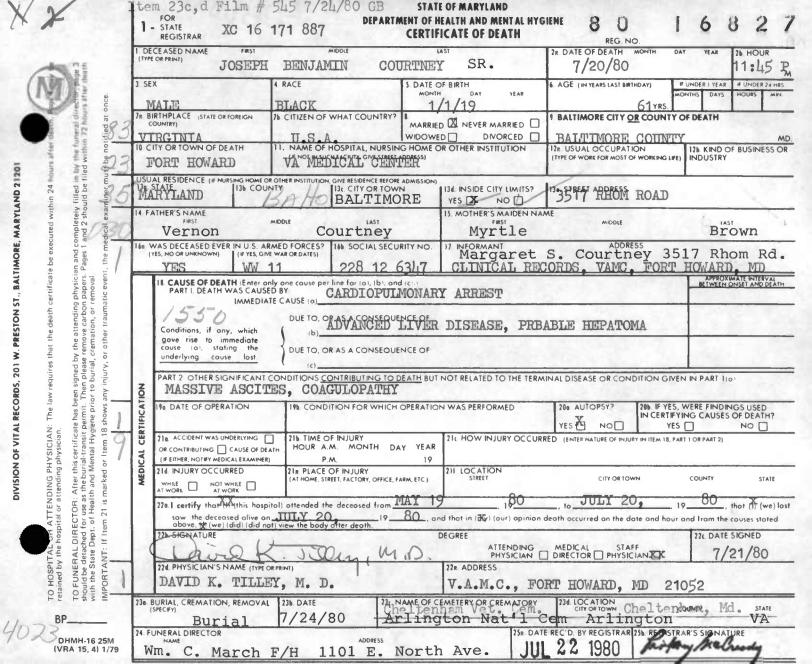


		STATE REGISTRAR				ICATE OF DEATH	REG. N	-		1100
page 3 death	I DI	CRASED NAME PIRST	erta	ANN	C	DOOP	20. DATE OF DEATH	7-2	YEAR	7.26. HOUR
sfter de	3. SE		1 RACE Whit		S. CIATE C	8, PAY 190 YEAR	6. AGE JIN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24
11 13	70. B	Female IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1100	. 6, 1903	9 BALTIMORE CITY	YRS.	OF DEATH	
10/30	1	Maryland	US		MARRIE	D NEVER MARRIED	Baltim			
V	1	ITY OR TOWN OF DEATH Parkville	NAME OF INF NOT IN SUIT	CH FACILITY GIVE STREET	G HOME C	OR OTHER INSTITUTION	17g USUAL OCCUPAT (TYPE OF WORK FOR MOST OF BOOKKEE)	ION OF WORKING LIFE	12h KIND C	of BUSINES
and bed by	USU 13a.	AL RESIDENCE IN NURSING HOME OF STATE 134 COL	OR OTHER INSTITUTION	GIVE RESIDENCE VEFORE 13. CITY OR TOWN Baltimo	ADMISSION)	IN INSIDE CITY LIMITS?	13. STREET ADDRESS			3
Short Short	14. F	ATHER'S NAME	MIDDLE	1100		IS MOTHER'S MAIDEN NA	ME		11.A	
and 2		Albert	WIDDLE	Hastings		E.	WIDDLE		Hollañ	ď
a me		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR			
Page t, the		No		212-01-	3199	Doris M. I	Kemp E	Balto.,	Md.	
ysicia pers. oval. even		IS CAUSE OF DEATH (Enter of	nly one couse per			110		5 8 5 9	APPROX	MATE INTERVA
ig ph in pa rem rem		PART I. DEATH WAS CAUS	TE CAUSE (o)	Cerebi	YA/	12 th ours	IAGE		9	mo:
arbo arbo n, or raum		4292	DUE TO, O	R AS A CONSEQUE	NCE OF	2501	D		7	
ove cove or natio		Conditions, if ony, which gove rise to immediate	(b)_			1, 7. 6	17			
y the rem crem		couse (o), stoting the underlying couse lost	DUE TO, O	R AS A CONSEQUE	NCE OF	2000	10000		7	
ed b lease irial, iry, d			((c)		H	Rteriosc/			1.	
hen pl to bu ty inji	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 1	01
mit. Ti e prior ows an	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDI	
t per tiper gien	E						YES NO	YES		№ □
fter this certificat he burial-transit p and Mental Hygi srked or Item 18		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME C	FINJURY .M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED JENTER NATURE OF INJU	IRY IN ITEM 18, PA	RT 1 OR PART 2)	
or Alend	Q.	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.	м.	19					
fter th he bur and N arked	MEDICAL	21d. INJURY OCCURRED	21e PLACE IAT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	21f LOCATION	CITY OF TO	wn /	COUNTY	STATE
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use Hea		22a.1 certify that (I) (this has	7/	1621 6	0	19	. 10	7	9	that (I) (we
A for t. of tem	5-6	sow the decrosed alive a above, (I we) did) (and n	of) way the body	ofter death.		d that in (my) (our) opinion o	geoth occurred on the d	ote and hour		
ERAL DIRECT e detached for us State Dept. of ANT: If Item 2	-	226. SIGNATURE	Haro	339	14	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	7/0	SIGNED 8/80
TO FUNERAL should be deta with the State IMPORTANT:		1224 SHYSICIAN SHAME ITYME	F C	AROXX	A	180/W/841	Huserth Q	of B	es m	rel
	23a	BURIAL, CREMATION, REMOVA SPECIFY Cremation	236. DATE 7/30/			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
Ρ		UNERAL DIRECTOR Henr				Mount	Baltimo		ADIC CICALAS	Md.
DHMH-16 25M /RA 15, 4) 1/79	4	905 York Roa	d Balt	o., Md.	212	110		238. KE SISTR	MR 2 SIGNA	Media
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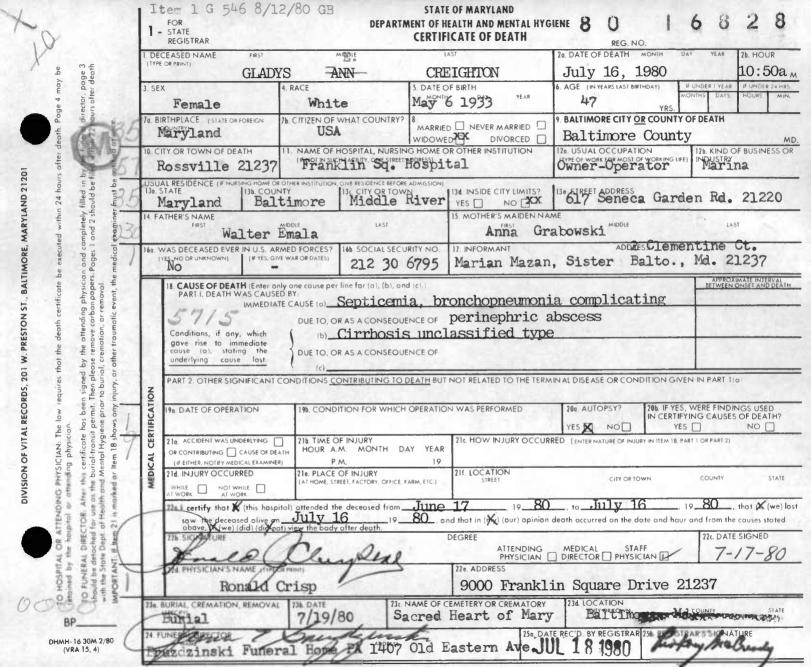


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eath. Pageral dire		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT CO	MARRIED NEVER A	- 1 BA	RALLIO		1
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ficate be executer sician and comples. Pages 1 and oval.	16a \	VAS DECEASED EVER IN U.S. ARAYES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCI	102204 RUTH		ADDRESS Syke	suille.	Md.
equires that the death ce signed by the attending in please remove carbon is burial, cremation, or re injury, or other traumat		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CO	ARCINO MA L ONSEQUENCE OF ING TO DEATH BUT NOT RELATED	TO THE TERMINAL D	ISEASE OR CONDIT	ION GIVEN IN PAR	T 1(o)
as been so hit. The prior to wws any	CERTIFICATION	DSCH EMIC	(COEDRT	A	RINDRY 200	AUTOPSY? 2	NEECT OD. IF YES, WERE FIL N CERTIFYING CAL	NDINGS USED USES OF DEATH?
SICIAN yysician. tertificat transit ttal Hygin Item 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	110110 4 44 44 04		JURY OCCURRED (E	NTER NATURE OF INJURY II	YES	NO [
DING PHY ttending pl After thise s the burial th and Mer marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR	Y 211 LOCATIO	N	CITY OR TOWN	COUNTY	STATE
VTTEN tal or a CTOR: or use a of Heal		22a L certify that (1) (this haspit sow the deceased alive on above, (1) (we) (did) (did not	7-14-	19 So and that in (my)	(our) opinion death	occurred on the date	and hour and from	
e hoss ched Dept		228. SIGNATURE	1 leuni	DEGREE MAD	PHYSICIAN 🗌 DIRE	DICAL STAFF CTOR PHYSICIA	~ 7	- 14-80
TO HOSPITAL retained by the TO FUNERAL should be detact with the State I		228. PHYSICIAN'S AFAME (TYPE OF	KURIAN	V Balh	inne Bo	wenty for	end low	pital.
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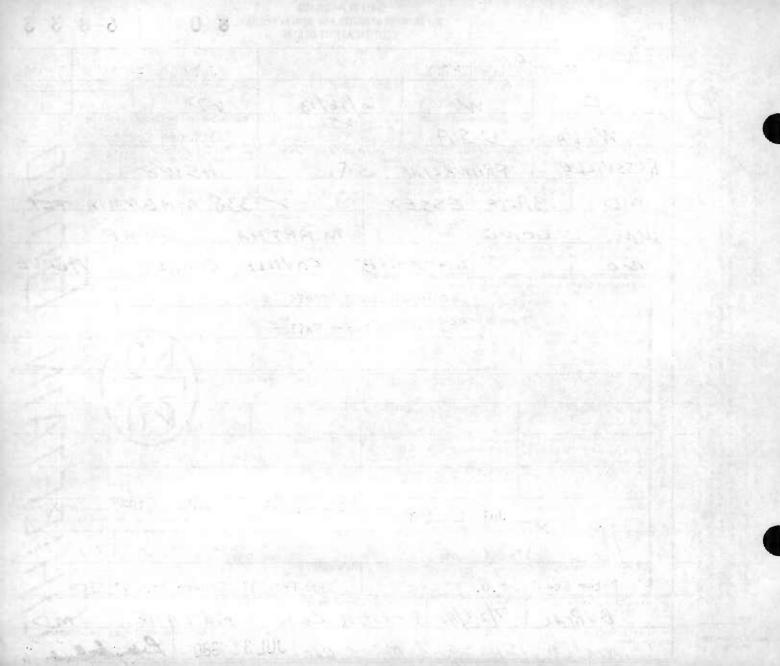
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		I DE	REGISTRAR EASED NAME FIRST		MIDDLE	LAST	ATE OF DEATH	REG. N		YEAR	2b HOUR
a 6	1		PRINT) MARGA	RET	LOUISE	CUL	2	July			ZB HOUR
may way	-	3 SEX		4 RACE	-	5 DATE OF B		6 AGE JIN YEARS LAST BIRT		DER 1 YEAR	IF UNDER 24 H
Page Tina			Female	Whit	te	June 1	.8, ° 1923	57	YRS	DAYS	HOURS MI
dire dire		7a. BIF	THPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	1 (5)		1 BALTIMORE CITY C		EATH	
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urs after of the further of within	8		Y OR TOWN OF DEATH TOWSON	(IF NOT IN SUI	HOSPITAL, NURSIN CHFACILITY, GME STREET, Joseph's I	G HOME OR O	THER INSTITUTION	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MOST OF HOMEMAKE	F WORKING LIFE) IN	b. KIND OF	BUSINESS
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cuted with	_		HER'S NAME FIRST Roberts	MIDDLE	Montgome Anderson	- 3	MOTHER'S MAIDEN NA Ada	ME MIDDLE R.	Ath	derso	n
be execuand corages 1 at	7		AS DECEASED EVER IN U.S. s, no or unknown) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 214-24-5		INFORMANT . Heber H.	Culp 232 Ov			
cian cian s. P.	Ĺ	-	18 CAUSE OF DEATH (Ente		1		· ····································		T		NATE INTERVAL
: The law requires e has been signed learmit. Then pleas ene prior to burial shows any injury,	2	CERTIFICATION	PART 2 OTHER SIGNIFICATION		ONTRIBUTING TO D	3/4		20a AUTOPSY?	200. IF YES, WEI	RE FINDING	GS USED OF DEATH?
NN: nn. cate rt pe rgier 18 st	04	E			N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Val		YES NO	YES 🗌		NO 🗆
G PHYSICIA ding physicia er this certifia burial-trans and Mental Hy	7		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEET, NOTIFY MEDICAL EXAMI	DEATH HOUR A	M. MONTH DA	Y YEAR		RED (ENTER NATURE OF INJUI	RY IN ITEM 18, PART 1 C	OR PART 2)	
DING PHY ttending p After this s the buria th and Mer		MEDICAL	WHILE OCCURRED NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F		STREET	CITY OR TOV	WN CC	DUNTY	STATE
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Pita pita pita for for			226. SIGNATURE	le da	udon	DEG	ATTENDING PHYSICIAN	MEDICAL STA	FF	22c. DATE S	IGNED
osp on Red f ept.				PE OF PRINTY		22	e ADDRESS				
O HOSPITAL Crit A trained by the hospit O FUNERAL DIRECtould be detached for ith the State Dept. or If Item	1		R. Dona	ld Jandor	f, M.D.		7403 Har	ford Road			
TO HOSPITAL CA A retained by the hospit TO FUNERAL DIRECt should be detached for with the State Dept. or IMPORTANT: If Item		23a. BI {S		ld Jandor	3000 23c N		TEBYOR CREMATORY Baptist Chu	236. LOCATION CITY OR TOWN		Mary	

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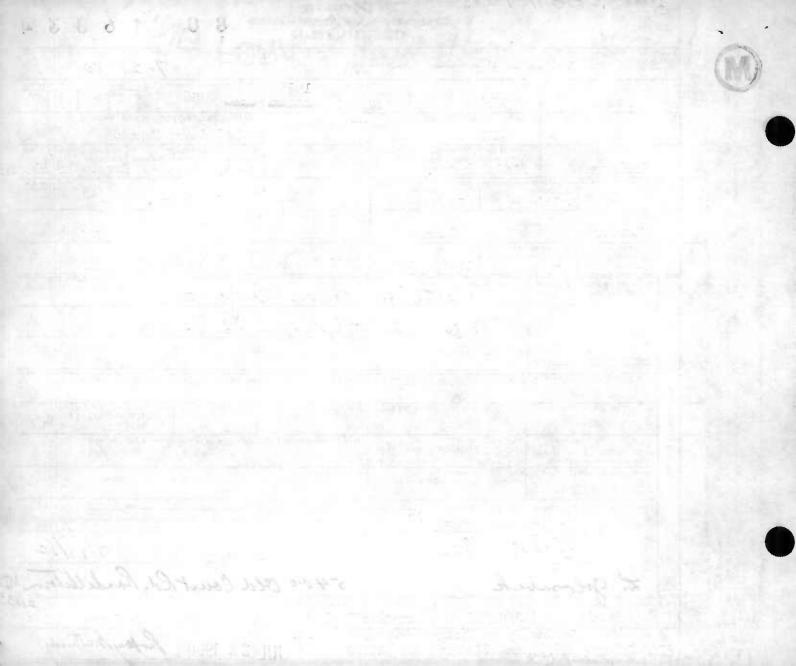
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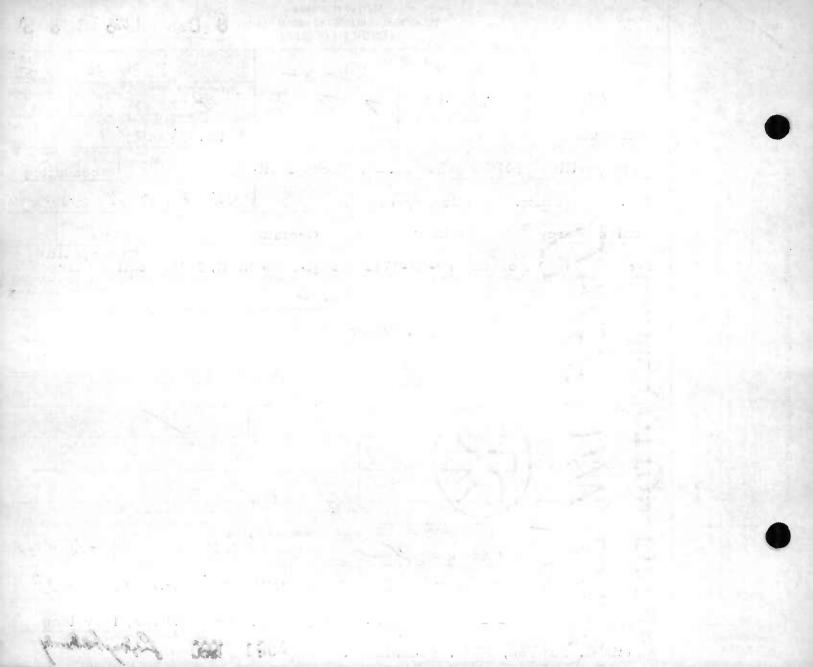


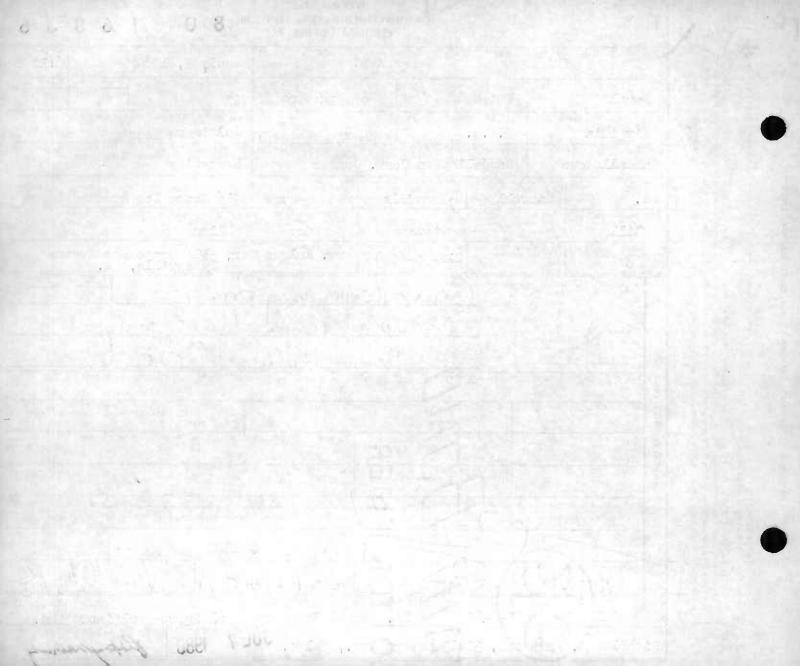
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		CEASED NAME FIRST LOUIS	se Margaret	Dasch	2e DATE OF DEATH MG	7-21-80 26. HC
69	3 SE	x Female	RACE White	S DATE OF BIRTH 1923 YEAR 10 1 1923	AGE IN YEARS LAST BIRTHD	MONTHS DAYS HOURS
3	70. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	7% CITIZEN OF WHAT COUNTRY? USA		BALTIMORE CITY OR	COUNTY OF DEATH
o o o	10 C	TY OR TOWN OF DEATH Locheam	0.000	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Asst. Direct	VORKING LIFE) INDUSTRY BO
mines mu	USU 13e	STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	INSIDE CITY LIMITS?	130 STREET ADDRESS 3745 Oak A	ed Citi
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t, the me	16a \	VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECU 218-12-2	LVIV.	Charles Dasch e., Baltimore	
cremation r other tr		Canditions, if any, which gave rise to immediate cause 101, stating the	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	Cluste arku	rould Des	enl
nit. Then please re prior to burial, cr. ws any injury, or	HCATION	gave rise to immediate cause (a), stating the underlying cause last.	(b) OTOUR DUE TO, OR AS A CONSEQU (c) CONDITIONS CONTRIBUTING TO	Cluste arku	20a AUTOPSY?	206. IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DE
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ked or Item 18 shows any injury, or	MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING	(b) CONDITION FOR WHICH	ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION	200 AUTOPSY? YES NO	200. IF YES, WERE FINDINGS US IN CERTIFY ING CAUSES OF DE. YES NO IN ITEM 18, PART I OR PART 2)
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Dept. of Health and Mental Hygiene prior to burial, or : If Item 21 is marked or Item 18 shows any injury, or :		gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19e DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE AT WORK OT WHILE Sow the deceased alive as above, (I) (we) (did) risk on 22b. SIGNATURE	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH ATH HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, out of the body ofter death.	ENCE OF DEATH BUT NOT RELATED TO THE TER H OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS US IN CERTIFY ING CAUSES OF DE. YES NO IN ITEM 18, PART T OR PART 2) COUNTY 19 , that (II) e and hour and from the causes
or use as the burial-transfill perion. Their prease record Haelth and Mental Hygiene prior to burial, or im 21 is marked or Item 18 shows any injury, or im 21 is marked or Item 18 shows any injury, or in 21 is marked or Item 18 shows any injury, or i	MEDICAL	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CONTRIBUTING CAUSE OF DE CONTRIBUTING AT WORK AT WORK AT WORK 220.1 Certify that (1) (this hosp saw the deceased alive or obove. (1) (we) (did/Gad in obove. (1)	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH DE (AT HOME, STREET, FACTORY, OFFICE, DOT) VIEW the body ofter death. OR PRINT) ON PRINTY	ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION STREET PARM, ETC.) 211 LOCATION STREET DEGREE ATTENDING PHYSICIAN 222 ADDRESS	IRRED (ENTER NATURE OF INJURY I CITY OR TOWN 1 to MEDICAL STAFF DHRECTOR PHYSICIA WELL COUNTY WELL COUNTY MEDICAL STAFF DHRECTOR DHRECTOR DHYSICIA	200. IF YES, WERE FINDINGS US IN CERTIFY ING CAUSES OF DE. YES NO IN ITEM 18, PART T OR PART 2) COUNTY 19 , that (II) e and hour and from the causes 22c. DATE SIGNE

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	STATE OF MARYLAND EM.S.	
(U)	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BOUGHT CALL	MBT8 3 5
	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR 15
by be a deoth deoth	FRANCIS DRYDEN DASHIELL 7 3	3/80 HPM
d d mo	3. SEX Male ARACE White Date of Birth AND YEAR 32 MALE White AND YEAR 32 WAS AGE (IN YEARS JAST BIRTHDAY) YEAR YEAR 32 WAS AGE (IN YEARS JAST BIRTHDAY)	IF UNDER YEAR IF UNDER 24 HRS
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	saw the deceased abve an	or and from the causes stated
OR A be hos oched DIREC DEPT.	77h SIGNATURE DEGREE MIZ	TH. DATE SIGNED
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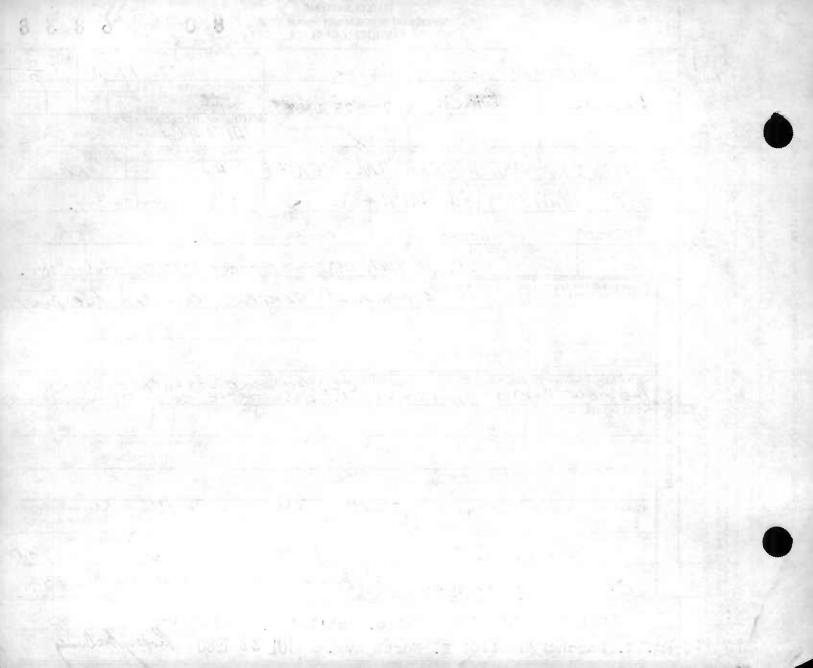




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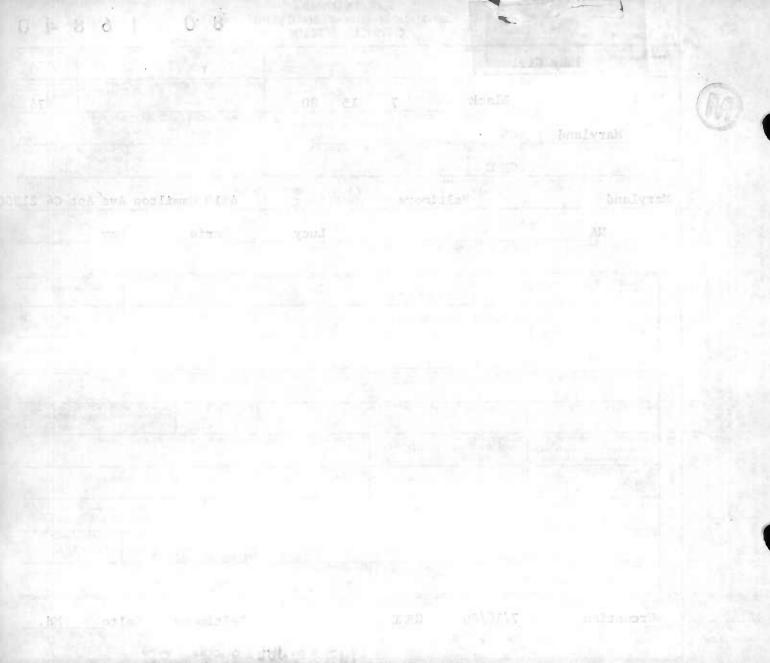
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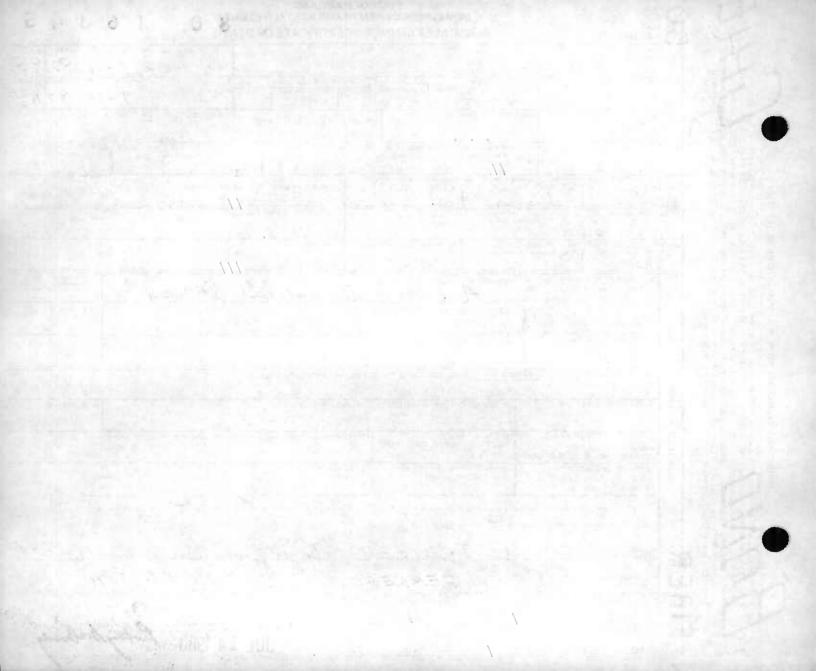
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		18 CAUSE OF DEATH (Enter only							ATE INTERVAL
motic event, the		4292		CONSEQUENCE OF	Canovari.	/F.			
or other troumatic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A	CONSEQUENCE OF				19	
ınlury, ar	NO	PART 2. OTHER SIGNIFICANT CO	Male Tes	melle	NOT RELATED TO THE TER	RMINAL DISEASE OR CONI	DITION GIVEN I	V PART Ha	
Swe ony	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION F	FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDING CAUSES C	GS USED OF DEATH?
or Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJU HOUR A.M. M		21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
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JT: If Hem		226. SIGNATURE	Dud		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F 1/	7.20 DATE S	
IMPORTANT	/	Justinas Kudi			3927 ANNAP	OLIS ROAD			
<u> </u>	230-E	SURIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COM	JTY	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-William Amos Dodson DEATH MATED DATE OF BIRTH 3. SEX 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTH DIREC PRONOUNCED 1080 122/02 DEAD 70. BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia WIDOWED XX DIVORCED OUNT HE TIZE KAND OF BUSINESS IB CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! OR INDUSTRY Denis Blacksmith 13g STATE 13d. INSIDE CLEVE THUTS? 13e STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ANIDDLE LAST LASI FIRST ohn Dodson 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) DIVISI APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES | NO [R: PAGE 3 SHOULD BE E STATE DEPARTMENT C 21201 PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM FTC STREET CITY OR TOWN STATE COUNTY 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion WITH THE death resulted fram: Natural causes Suicide Hamicide Undetermined manner DIRECT FUNERAL D FUNERAL D TER DEATH, I ACTUAL SIGNATURE EXAMINER'S NAME PAG TO TO BALL 23g BURIAL, CREMATION, REMOVAL 23b, DATE 23d. LOCATION Burial 24 FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) Ambrose Funeral Home 1328 Sulphur 15M 7/76



BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

O A C O U S HALL HAM BELLINE TO THE STREET 0902 150 2000 ILLIAN PERSON TRI DENUT AND THE STATE OF THE SALES OF T 101 5 5 1980 Backy Laborate

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2ª DATE OF DEATH HTHOM TYPE OR PRINT! ENA Mae 4 RACE 3. SEX S DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER LYFAR IF UNDER 24 HRS CAVE DAYS HOURS YRS TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. West Virginia Baltimore County WIDOWEDAX DNORCED [] 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Randallstown House Wife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13b COUNTY 134 INSIDE CITY LIMITS? 13. STREET ADDRESS Baltimore. Marulana Reisterstown 904 Lindellen Avenue, 21136 NON 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST McCullough Lloyd Doude Goodwin Catherine Sarah 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Reisterstown, Md. 17 INFORMANT LYES. NO OR UNKNOWN I IF YES, GIVE WAR OR DATES! Mrs Wilma Ellis, 904 Lindellen Avenue, 21136 No 234-09-8986-D 18 CAUSE OF DEATH (Enter only one couse per line for (a), [b], and ic PART I. DEATH WAS CAUSED BY monan IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOL YES NO [Item 18 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE MEDICAL I IF EITHER NOTIFY MEDICAL BRAMINERS P.M ō 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 229.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 776 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OR PRINT uld be 22e ADDRESS MORE 23a. BURIAL CREMATION REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial CITY OR TOWN COUNTY Fairmont, Mamon Co., W. Va. Woodlawn Cemetery 24 FUNERAL DIRECTOR NAME Loring Byers Funeral Directors P.A. 8728 Liberty Road Randallstown Md. 21133 **DHMH-16 25M** (VRA 15, 4) 1/79

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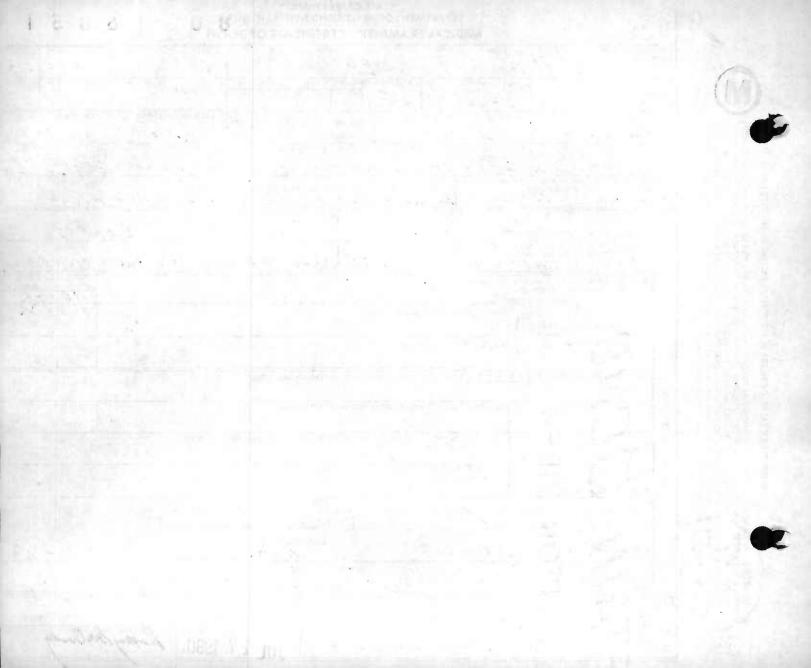
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2		MID.		v	SA		WIDOW			$\exists \mid \mathcal{B}A$	LTO	6	DUR	ورو	MD.
10.	1	AST PELL		11. NAME OF I	HOSPITAL, N	URSING HOP	ME, OR OTH	ER INSTITUTION		USUAL OCCUL FOR MOST OF WOR	PATION (TY	PE OF WORK	2b. KIND OR IN	OF BUS	INESS
USI	UAL	RESIDENCE (IF IN NU		R OTHER INSTITUTION	C C	CE BEFORE ADMIS	KOOF	Au	12				51	EE	4-
13a.	. ST	MD	136. COUNT	ALTO	13c CI EA	ST PO	NT	13d. INSIDE CITY YES 🔲	NO D 13e.	7/50	EA.	STBR	ook	A	ver
14.	FAT	HER'S NAME FIRST	UNI	MIDDLE		LAST		15. MOTHER	'S MAIDEN NA	UNF	IDDLE	36	LAS	T	
1 16a.	YES,	AS DECEASED EVER		MED FORCES?	16b. SC	OCIAL SECUR		17. INFORMA	ANT		ADDRES	S			
		NY			21	7632	890	ALP	HA 1	DREIS	CH	-	AB	06	E
	1	8 CAUSE OF DEAT PART I DEATH W	H (Enter onl	y ane cause per	41 - 4-		þ	0 .	1 1				APPRO BETWEE	OXIMATE I	NTERVAL AND DEATH
		Um		E CAUSE (o)	ncule		cardi	al m	faich	0					
		Conditions, if o	ony, which	DUE TO,	OR AS A CC	NSEQUENCE	OF								
		gave rise to couse (a) stating	immediate	(b)	OR AS A CC	NSEQUENCE	OF						-		
		lying couse lost.		(6)	011 73 7 00	NASEGOEINCE	Or								
N N		ART 2 DTHER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO DE	ATH BUT NOT RE	LATED TO THE TE	RMINAL DISEASE	DR CONDITION G	GIVEN IN PART 1 (a)						
CERTIFICATION	1	9a. DATE OF OPERA	TION	19b. CON	IDITION FOI	R WHICH OPE	RATION W	AS PERFORM	ED?				20. AUT	OPSY?	
H									M				YES		NON
CER	2	INDERLYING			OF INJURY	H DAY YEA	21c. HC	OW INJURY O	CCURRED (EN	TER NATURE OF INJ	URY IN ITEM 18	PART I OR PART	T 2)		,
MEDICAL	0	INDERLYING CONTRIBUTING CO			P.M.	19	214 4 2								
MED	1		WHILE [STREET	FACTORY, FARM	Y (AT HOME, , ETC.)		CATION		CITY OR TOV	VN	COUR	NTY		STATE
	1	22a. I certify that I	I taok charge	e of the remains	described ob	ove, held an	Autops	у 🔲 , п	Inspection	Inquiry	N. o	nd in my opii	nion		
		death resulted from	: Noture	al caures .	Acciden	t 🔲, s	iuicide 🗌	, Hamicid	le 🔲 , Un	determined ma				1	
	4	CTUAL T	C		01/			TIME (SPE	CIFY)				7	12/	60
-		IGNATURE	C-10	Han	OB	morro	m_M	0. 1)0	puly "	NEDICAL EXAM	INER	DATE SIGNED		1	40
×-	E (1	XAMINER'S NAME	JC	ROSSAN	(9)	Donov	AN)	ADDRESS 2	112 Du	NDALKA	Ave.,	BAL	-70.	Mo.	2/222
23a.	BUR	IAL, CREMATION, R	EMOVAL 23	/ /		NAME OF CI	EMETERY O	R CREMATOR	Y 23d	LOCATION CITY OR TOWN		COUNT	TY TY	STA	TE
24	ELIN	BURIA JERAL DIRECTOR	4	7/5/8	0 6	AKKU	real				10.	1	hP		
24.	7	AME DIRECTOR	1111	ADDI	RESS >	00 1	410	25	JUL 1	1 1980		ISTRAR'S SIG	NATUR	to olig	
	L	~ LE	IVIVI	LLI	.7	00 1	CAC	<u> </u>				/_		-	

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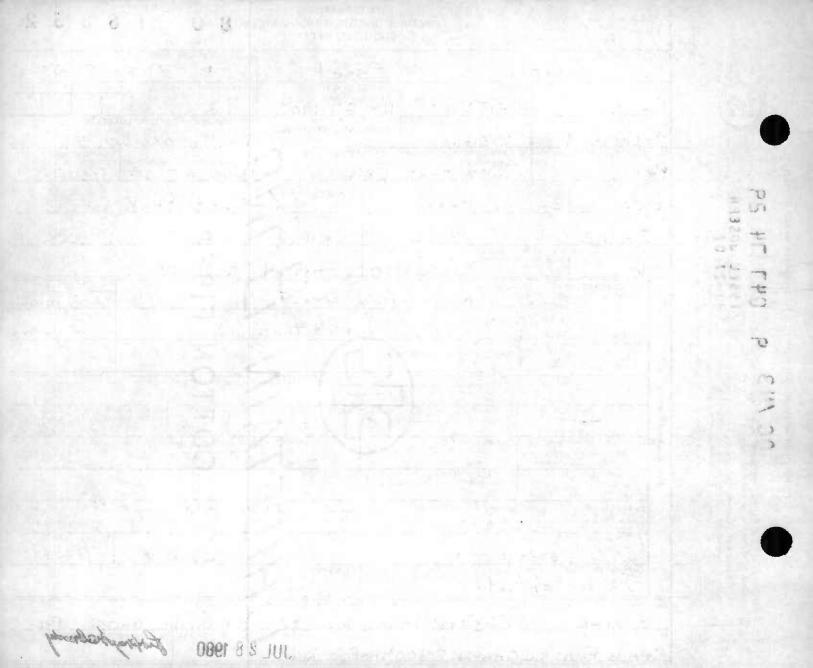
3	1.	FOR - STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	0 0		6 8 5	1
moy be page 3	1. DE	CEASED NAME FIRST BOLL	lah I RACE	Pearo	e D	Bois	REG. N 20 DATE OF DEATH 6 AGE IN YEARS LAST BIR	MONTH DAY		0
Poge 4 m		Female IRTHPLACE STATE OR FOREIGN	whit	WHAT COUNTRY	S. DATE C	DAY YEAR	8)	YRS	DAYS HOURS	MIN
r funeral inhim 72)	M	OUNTRY) aryland ITY OR TOWN OF DEATH	II. NAME OF	ISA HOSPITAL, NURSI	MARRIE WIDOWE	D NEVER MARRIED DIVORCED DOR OTHER INSTITUTION	Baltimo	re County	KIND OF BUSINES	A SS C
hours offer d in by the libe filed	USU	Parkville AL RESIDENCE IN NURSING HOME	PER NOT IN SUC OR OTHER INSTITUTION	H FACILITY, GIVE STREE	ADDRESS)	ursing H.	Housewi	OF WORKING LIFE) IN	DUSTRY	
2 He see	130.	Md ISD COL	YTM	Baltim	VN	134. INSIDE CITY LIMITS? YES X NO 1		owers Str		
completely is and 2 sho		Thomas Pear		LAST	IDITY NO	Cather	MIDDLE	tabler	LAST	
ith certificate be executating physician and cropospers. Pages i, or removal.			RMED FORCES?	WA 867	664 664	Cathy L. S		Leiden	2120 Rd. Apt 2 APPROXIMATE INTERV. BETWEEN ONSET AND DI	C
requires that the death ce or signed by the ottendin Then please remove corb or to burial, cremation, or injury, or other traumatic	NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUE	ENCE PS	SCUD.	NISLASE.	IDITION GIVEN IN	PART 1(o)	_
The low recicion. Ite has been assist permit repermit repermit shows any is	CERTIFICATION	190 DATE OF OPERATION	11.2.7		OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH NO	H?
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he hospital or of the hospital or of the hospital or of the hospital or occupant of the hospital of the hospital or or of the hospital or		220.1 certify that (I) (this has sow the deceased alive configuration).	n //~	11/1		d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN	death occurred on the d	FF 2	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	led
TO HOSPITAL TO FUNERAL Should be deto with the Store I		HATHONY F	En Con	ROZZA	7	1801 Wen	+ worth	R/ Box	or and	,
BP		BURIAL, CREMATION, REMOVA SPECIFY) Burial UNERAL DIRECTOR NAME	7/2	3/80 D	ruid F		E REC'D. BY REGISTRAR		y STATE	
(VRA 15, 4) 7/7B		Burgee Funer	al Home	3631 Fa	Ils R	oad 21211 J	JL 23 1980	7		

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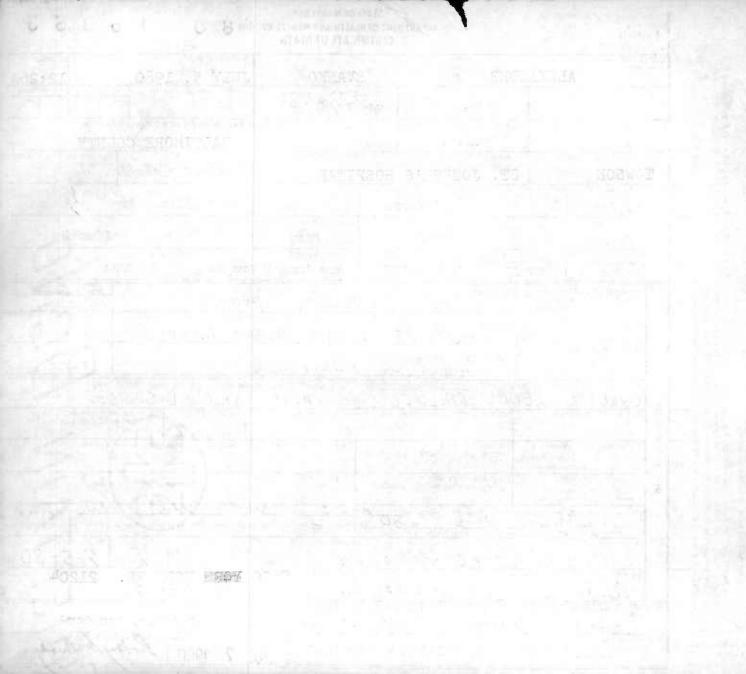
-	0		STATE OF MARYLAND	
Q.		FOR .	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6 8 5 1
		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0 0 0 1
61		CEASED NAME FIRST		TH DAY YEAR 2h, HOUR
		OR PRINT)	OF ESTI-	
18 E		WITTI	DEATH MATED 7	14198 # 415M
The state of the s	3. SE)	4. RACE 5. DA	TE OF BIRTH OAY VEAR LAST BIBLIDAY) MONTHS DAYS HOURS MIN PRONOUNCED	H DAY YEAR 26. HOUR
(EAST)	M		2 - 24 - 15 (25 RISUDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD	141980 45M
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要要できまった	FC	REIGN COUNTRY)	21.5, A WIDOWED DIVORCED DIVORCED	Canall.
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A HE AGE	0		AME OF HOSPITAL, NORTHER HOSPITAL, NORTHER HOSPITAL HOSPITAL NORTHER HOSPITAL HOSPITAL NORTHER HOSPITAL HOSPITAL NORTHER HOSPITAL	OR INDUSTRY
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SOI SOIL SOIL SOIL SOIL SOIL SOIL SOIL S	USU/		RINSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN, 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS)	
F ANY D		ervind pail	was Brother Highling YES NOW 2804 OHK GROVE	AVPHY
# # NW 9 #	4	THÉR'S NAME	15. MOTHER'S MAIDEN NAME	7/10/
AND SELECTION OF S		FIRST	LAST FIRST MIDDLE	LAST
OF CALE	_	FREdeniek 1		ekels
NO PAR	166. V	AS DECEASED EVER IN U.S. ARMED FOR S, NO OF UNKNOWN) (IF YES, GIVE WAR OR	DAYES - C	4
ALTIN S ALT S ALT S ALT A A G E S VISSON		Yes Would	VIR IL 705-12-6105 Poxotly M. Himmel 2811 OAK	GROVE HYENDE
# S 3 6		18. CAUSE OF DEATH (Enter only one	cause per line for (a), (b) and (c),)	APPROXIMATE INTERVAL
		PART I DEATH WAS CAUSED BY:	4500	STWEEN ONSET AND DEATH
8 ## <u>\$</u>		IMMEDIATE CAL	DUE TO, OR AS A CONSEQUENCE OF	1744
OT W. PRESTON UTED WITHIN 24 N PENCIL IN THE EXAMINER ALO RIAL-TRANSIT PER NAENTH HYGIE OR REMOVAL.		Canditions, if any, which	DUE 10, OK AS A CONSEQUENCE OF	/
WITHIN ICIL IN ICIN IC		gave rise to immediate	(b)	4
₹ AAAAAAA		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
301 IN P IN P IN P IN P IN OR		Tyling Coose Tost.	(c)	
· 0: 7 = 7 Z		PART 2 DINER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g).	
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RECORDS, JUD BE EXE PENDING, PENDING, ER MEDICA HEALTH AN HEALTH AN	CERTIFICATION	196. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
SHOULD ORD "PER CHIEF A E USED IAL, CREA	0	THE DATE OF GLERATION	THE CONDITION FOR WHICH OF ERATION WASTER ORNED:	
OF VITAL ATE SHOL THE CHIE TO BE US AENT OF BURIAL, OF	1 E			YES NO
N OF	CE	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TIEM 18 PART 1 O	R PART 2)
Z SEOSED	3	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		1
BIVISION OF VII BE THIS CERTIFICATE SHEWARDED TO THE CRAWARDED TO THE CAST SHOULD STANDED TO THE CAST OF STANDED TO BURIA	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	
DIV HIS CE WRITIN ARDE (GE 3 ATE DIO	X	WHILE NOT WHILE T	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
DI E. THIS (E, WRII RWARD PAGE STATE (AT WORK - AT WORK		
	1	22s. I certify that I taak charge af th	e remains described obove, held an Autapsy 🗀, Inspection 🛴 Inquiry 🗸 and in my	y apinian
FICATION THE NAD, THE NAD, THE		death resulted form: Natural cau	ses , Accident , Suicide , Hamicide , Undetermined manner ,	
EXAMINER: CERTIFICATI UD BE FOI DIRECTOR: WITH THE		7011.	TIND (SPECIFY)	/0
L EXAMINEI CERTIFICA OULD BE FO H, WITH THE MARYLAND,		ACTUAL ANN II	DA NATURE DA	
MEDICAL EXA CUTE THE CER 326 4 SHOULD FUNERAL DIR TR DEATH, WILL TIMORE, MARY	1	SIGNATURE	M.D. MEDICAL EXAMINER SIG	SNED // U
N A HE	-	EXAMINER'S NAME	Williams du 155 allates mas	11-1. KF.
TO MEDICAL E EXECUTE THE C FAGE 4 SHOU TO FUNETH C TO FUNETH AFTER DEATH, D BALTIMORE, MA		(TYPE OR PRINT)	ADDRESS VOLUME ADDRES	7/2
PAET PAGE EXE	23c.B	JRIAL, CREMATION, REMOVAL 23b. DA	CITY OR TOWN	COUNTY STATE
BP	1	BURIA! 7-	11-00 Gler HAY to MENORAL 168.1 18A1 TIMOUT,	MARYMAN
DHMH - 17	24. F	INERAL DIRECTOR		'S SYSNATORE
(VR A15 ME (5))	101	MAKELOS L. STEVELI FORM	read fruit to 1501 E. Fait Ave, 111 17 1980	1/1 across
30M 7/73			1000	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Sep 20 3 SEX 4. RACE IF UNDER I YEAR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR To BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY 5. P M WIDOWEDE DIVORCED [12b. KIND OF BUSINESS OR INDUSTRY FLUMBING TINSP. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13d. INSIDE CITY LIMITS 13e. STREET ADDRESS ALTO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) RECORDS 00 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per lipp for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: Dirator orres IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF mesothelioma Extensive Conditions, if ony, which gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD YES [NO [71g. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED ö 71e PLACE OF INTURY 21f. LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE AT WORK 220.1 certify that (I) (this hospital) attended the deceased from_ so and that in (my) (our) opinion death accurred an the date and hour and from the couses stated JYIV saw the deceased alive an_ abave, (1) (we) (did) (did) nat) view the bady after death DEGREE 22c. DATE SIGNED ± ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 220 PHYSICIAN SINAME ITYPE OF PRINTIL 22e ADDRESS the b 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN ARKVIII 0. 24 FUNERAL DIRECTOR DHMH- 16 30M 2/80 JUL 2 8 1980 (VRA 15, 4) FUNZRAL CHAPEL 8 300 HARFORD RO

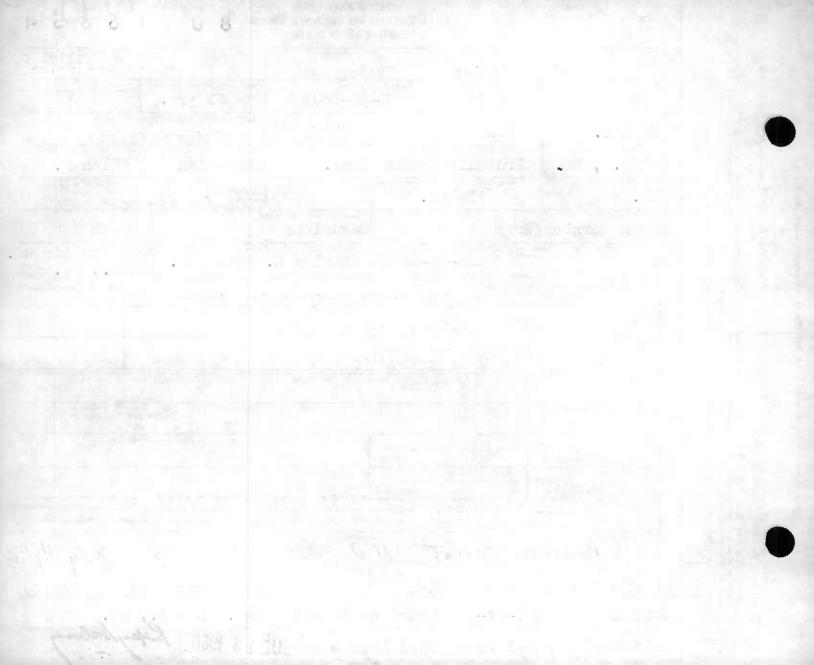


7	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0		3 5 3
. m-		CEASED NAME FIRST		WIDDLE		AST	20. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
A 60 0		ALEXA		E		EVANKO	JULY 5, 1	L980	12:26A
ect of the result of the resul	3. SE	x Male	4 RACE Whit	:e		PEBIRTS 1925	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS DAYS HOURS MIN
death. Pour uneral dir hin 72 hours.	C	IRTHPLACE (STATE OR FOREIGN OUNTRY) Penna		WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED DIVORCED	BALTIMO	R COUNTY OF DEAT	
ofter of with	4	TOWSON	(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET OSEPH'S	ADDRESS)	PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired P.	F WORKING LIFE) INDUS	ND OF BUSINESS OR STRY
AND 212 24 hour filled in rould be must be	13a. S	AL RESIDENCE IF HURSING HOMEO STATE NA COU Maryland	R OTHER INSTITUTION, NTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 6403 Hill	top Ave	
MARYLA ed within impletely and 2 sh exominer	14 F/	ATHER'S NAME FIRST George	MIDDLE	Evanko		15 MOTHER'S MAIDEN NA FIRST Mary	AME MIDDLE	Halin	nchik
TIMORE, M. be executed an ond comp s. Poges 1 on		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN)	RMED FORCES? VE WAR OR DATES) VE 11	184-20-7		17 INFORMANT Mrs Anna M	Evanko ADDRE	ss Same	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours oftending physician. If the this certificate has been signed by the attending physician and completely filled in by os the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be fill th and Mental Hygiene prior to burial, cremation, or removal.		PART I, DEATH WAS CAUSI Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, O	CARDIO B AS A CONSEQUE	PULI SCLE	HONARY I	PRREST ART DISEA	S G	PROXIMATE INTERVAL WEEN ONSET AND DEATH MEDIATO YEURS YEURS
VISION OF VITAL RECORDS, 201 G PHYSICIAN: The law requires the strending physicion. The burial-transit permit. Then plea and Mental Hygiene prior to burial, ked or them. 18 shows any injury, or a second or them.	CERTIFICATION	PART 2. OTHER SIGNIFICANT CHRONIC RI 190 DATE OF OPERATION	enal_		E ;	PERIPHERAL			RT 1(o)
SION OF VITAL PHYSICIAN: The ending physicion this certificate he buriol tronsit p and Mental Hygies d or them 18 shou		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART) OR PAR	H 2)
DIVISION DING PHYS or ottendin After this of see os the bur	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE () AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TOW	VN COUNTY	Y STATE
DR ATTENDI : haspital or DIRECTOR: A ched for use eept. of Heal		270. I certify that to (this hasp saw the deceased alive or obove, (b) well about a did no 27b. SIGNATURE	Secretary	5 19	80	d that in (a) (our) opinion DEGREE ATTENDING PHYSICIAN [22e ADDRESS 7626	MEDICAL STAF	ote and hour and from	n the couses stoted DATE SIGNED 7-5-80 1204
TO HOSPITAL Of Control of the Contro	23a. E	FURGE C. BURIAL, CREMATION, REMOVAL	SECA 1236. DATE	<u> </u>	VIO.	MO ST. TO	SEPH HOS	PITAL.	
1145 BP	1	SPECIFY) Burial	7/8/80	H	loly F	Redeemer	Baltin	wre; Mary	land
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FI	UNERAL DIRECTOR NAME Leonard J Ri	1.7			250. DA	TE REC'D. BY REGISTRAR	25b. RESISTRAR'S SIG	NATURE CALLES



(VRA 15, 4) 1/79

STATE OF MARYLAND



M	1.	FOR		E OF MARYLAND BEALTH AND MENTAL HYG	HENE O O	1 4 0	In the	
4)	1	STATE REGISTRAR	CERTIFICATE OF DEATH					
be V be		CEASED NAME FIRST Kathe	erine FARNUM	July 1, 1980 Tear 15:55P				
age 4 mar ector pa rs afte de	3 SE	Female	RACE S DATE ON DON'T		6. AGE JINYEARS LAST BURTH		HOURS MIN	
death. P		Mayberd	7) CITIZEN OF WHAT COUNTRY? MARRIE WIDOW	D NEVER MARRIED DIVORCED	Baltimore city of	e County	MD.	
by the fued within	10 C	TSSE +	11 NAME OF HOSPITAL, NURSING HOME () PROT IN SUCH FACILITY GIVE STREET ADDRESS) We but your	on te C	120. USUAL OCCUPATION OF WORK FOR MOST OF	ON WORKING LIFE) 126 KIND OF INDUSTRY	BUSINESS OR	
hin 24 ho filled in uld be fil	440,	AL RESIDENCE (IF NURSING HOME ON STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13. STREET ADDRESS	hanbs St.	9	
E, MARYLL cecuted with completely 1 and 2 sho	14 F.	ATHER S NAME FIRST	MODIE LAST IS. MOTHER'S MAIDEN NO.		ME MIDDLE			
e be exected an and co		WAS DECEASED EVER IN U.S. AR YES, NO SUNKNOWN) IN YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO 2 18 03018	Awa M. S	licher 639	Therth Bac	Parl.	
T., BALT certificat physicis papers. emoval.		PART I. DEATH WAS CAUSE	lly ane cause per line for (a), (b), and (c), D BY E C AUSE (a)	tive heart	- Lachere		ATE INTERVAL ISET AND DEATH	
ston se death ce death ce carbon se carbon se carbon ton, or traumar r traumar		4292 Conditions, if any, which () Arterios clerates cardiovascular cleaner 15 years						
by the a se removal, crema		gave rise to immediate couse (a), stating the underlying couse last						
PDS, 201	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/01 Juled pelvic mass - possible malignent reoption						
AL RECOI	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO PORTION				
	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		21c HOW INJURY OCCUR	RED JENTER NATURE OF INJURY	IN ITEM IB, PART I OR PART 2		
DINIS PHYSICIA Titending physician After this certific is the burial-transit th and Mental Hy marked or Item 1	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE	
ATTENE ital or at CTOR: or use as of Health		220.1 certify that (1) (this haspital) attended the deceased from PEC1 7 1975 to 1024 1980 that (1) (we) last sow the deceased alive an 1980 and that in (my) (pur) apinian death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.						
ITALOR, y the hosp by the hosp detached it state Dept.		22% SIGNATURE		DEGREE ATTENDING PHYSICIAN I	MEDICAL STAF	22c. DATE S	GNED 2-80	
HOSPIT Seed by UNER do be defined by the State of the Sta		220 PHYSICIAN'S NAME ITYPE OF	R PRINT)	220 ADDRESS //05 0LD	EASTERN	0 1	to. Mil.	
BA TOFU TOFU with t	23e	BARIAL, CREMATION, REMOVAL	236. DATE 238 NAME OF C	EMETERY OR CREMATORY	23d LOGATION	me colylan	Gerala	
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2/				1 2 2 3 3 5 5 5 5	STATE OF MARYLAND				
4 5	7	1 - STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 6 8 5 6 CERTIFICATE OF DEATH					
			EASED NAME FIRST	MIDDLE	LAST			NTH DAY YEAR	26 HOUR
be be	19	(TYPE	JOHANN	A F.	FARR	15	7	117/80	5 a. M
мом	Sell	3 SE		4 RACE	5. DATE OF BIR	тн	6 AGE (IN YEARS LAST BIRTHD)	AY) IF UNDER I YEAR	IF UNDER 24 HRS
9e 4	1		Female	White	момін	1910	70	MONTHS DAYS	HOURS MIN
Poge	WILL	7a. Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY OR	OUNTY OF DEATH	
deoth.	1	Bä	Tt'imore, Md.	U.S.A.	WIDOWED [DIVORCED	Baltimor	e County,	MD.
offer a	Outlied		ty or town of DEATH	11. NAME OF HOSPITAL, NU		HER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		S.Gout.
212C hours d in b be fil	pe	USU	AL RESIDENCE (IF NURSING HOME TATE	OR OTHER INSTITUTION, GIVE RESIDENCE					
MARYLAND 2120 ed within 24 hours mpletely filled in by and 2 should be fill	100	130. 3	Md. Bal	timore Cator	rsville YES	NSIDE CITY LIMITS?	13. STREET ADDRESS Dunm	ore Road	
ethin othin 2 sh	niner	14. FA	THER'S NAME	MIDDLE LAST	15. A	OTHER'S MAIDEN NA	ME		
E, MAR	130		Adam	J. Seth		Johanno	E_{\bullet}^{model}	Haga	SI
	medical	16a V	AS DECEASED EVER IN U.S. A		SECURITY NO. 17 II	NFORMANT 2102	Paxco ADDRESS	Drive -	75006.
TIMORE be execu			No	213-0	D3-425Φ-1	Irs.Joann	ne Morris-	Carrollto	on, Tex.
ST., BALTIMORE, ritificate be executed by physician and compapers. Pages emoval.	t, the		18 CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b	i, and icit			BETWEEN	ONSET AND DEATH
	even		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) / VER FAIL URE WEST OF DEATH (Enter only one cause per line for (a), (b), and (c)) IMMEDIATE CAUSE (a) / VER FAIL URE						
on the corb	troumotic		1539	DUE TO, OR AS A CONSI	EQUENCE OF	/			month
PRESTON he death or he ottendin emove carls	roun		Canditions, if any, which gave rise to immediate	(b) Ms	lastasis	, how			
Se the Se	or other		cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	RCINON	1A of	Colon.		
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the cattending physician that the burial-transit permit. Then plea to an Memol Hygiene prior to burial, in and Memol Hygiene prior to burial,	<u>`</u>	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)						
been prior	>	CERTIFICATION	19 DATE OF OPERATION 19	196 CONDITION FOR WE	ICH OPERATION WA	SPERFORMED	20a AUTOPSY? 2	06. IF YES, WERE FINDI	INGS USED
N RE lo on. he lo hos r per r per r per r	SM ON	TIFIC	216 Jules	o WEARCI	NOMA	OF Kectus	YES NOT	N CERTIFYING CAUSES	S OF DEATH?
VITA N. Ti nysicie cote ronsit	18 sh	CER	210 ACCIDENT WAS UNDERLYING	HOUR A.M. MONTH		HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	NITEM 18, PART 1 OR PART 2)	
4 OF VIII		CAL	OR CONTRIBUTING CAUSE OF D	EAIN	19				
HYS odin his c	tem 21 is marked or ttem	MEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	PICE FARM FIC.)	LOCATION	CITY OR TOWN	COUNTY	STATE
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00 4 9 5	S mo			pital) attended the deceased fr	/	5 19 80		/ /	that (1) (we) last
Spit Spit	2 2 1		saw the deceased alive above, (1) (we) (did) (did)	and view the body after death.		ALO	death accurred on the date	and hour and from the	causes stated
OR A DIRE Sched			22b. SIGNATURE	Malia	DEGR		AMERICAL STAFE		SIGNED
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reform of the with	₹	23o E	URIAL, CREMATION, REMOVA	AL 23b. DATE	236 NAME OF CEMET	ERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
BP	_ "		Burial	7/19/80	Voodlawn	Cemetery	Baltimor		and
DHMH - 16 50M 1/	76	24 FU	INERAL DIRECTOR Steelin	9 Juneral Estate ADDRES	s		TE REC'D. BY REGISTRAR 25%	REGISTRAR'S SIGNA	
(VR A 15 (4))			736 &	dmondson Ave.		JUL	~ ~ 138U ~	wing / 1806	hoolig

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		1			STATE OF MARYLAND	1 4.	
		1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 0	1685
			CEASED NAME FIRST	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY YEAR ' 26 HOUR
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after the fu within	00	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 126. KIND OF BUSINESS
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law Deen Th	any	CERTIFICATION					
	shows	2	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	201. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
n. n. t per	m 18 sho	Ē				YES NO	YES NO
ICIA sicia tific ansi	FEG		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR 216 HOW INJURY OC	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART I OR PART 2)
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G PH ding p er this	is marked or Item	MEDICAL	21d. INJURY OCCURRED	21a PLACE OF INJURY	211 LOCATION STREET		
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r must be	0	SUAL RESIDENCE (IF NU STATE Maryland	13b COUN Bal	other institution	130 CITY OR TO		13d INSIDE CITY LIMITS? YES NOTE:	13e STREET 0	DRESS Balt	mhill Ro	21 234 oad
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ltem 18 s	MEDICALOR		CAUSE OF DEA	P.	M. MONTH	DAY YEAR	ZIC HOW INJURY OCCU	RRED (ENTER NATUR	E OF INJURY IN ITEM 1	8, PART 1 OR PART 2]	
arked or	2007	21d. INJURY OCCUP	VHILE [7]	21e. PLACE ((AT HOME, STR	OF INJURY REET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
I far use af Heoli 121 is ma		220.1 certify that saw the decea above, (***(we))	sed alive on.	57 -	13 19	6.0	d that in (m) (our) opinion	O , to	2 ~ 13 on the date and h		, that 🍅 (we) last e couses stated
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should be deta with the State (IMPORTANT: IF		JORGE (: Se	ECADA-	LOVIO, A		ST. JOSE				
		BURIAL, CREMATION (SPECIFY) Burial		23b. DATE Jul 17			emetery or crematory n Mt. Ridge	23d. LOCATE CITY OR TO Gaspo:	rt N	county	STATE New York
M 1/76 4))	24	Leonard J.	Ruck,	Inc.	Baltimor	re, Mar	yland 250. DA	TE REC'D. BY REG		tray hal	

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c/	10	STATE REGISTRAR	ME	DICAL EXAMINE	R'S CERTIFICA	TE OF DEATH	168	5 9
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2000	Ľ	half white	5. DATE OF BIRTH	YEAR 6. AGE (IN YEARS LAST BIRTHDAY) 90 40 YRS.		UNDER 24 HRS. 2c. DATE PRONOUNCE DEAD	MONTH DAY	YEAR 2d. HOUR
NECESS, FUNERAL S FOR WITHIN WEREST	M	IRTHPLACE (STATE OR DREIGNICOUNTRY)	76. CITIZEN OF W		MARRIED NEVER	MARRIED 9. BALTIMOR	Ballo Co.	MD.
LAY IS O THE PAGE E FILED	13	aires of le ma	8721	SPITAL, NURSING HOME, O	CH Bend		OR INC. Security Office	OF BUSINESS OUSTRY
1201 F ANY D AND 3 RETAIN HOULD RECORD	13a.	AL RESIDENCE (IF IN NURSING HOME STATE) (13b. COU	OR OTHER INSTITUTION, GI	13 CITY OR TOWN	13d INSIDE CITY L	IMITS? 13e. STREET ADDRESS	124 A. Loch Ben	nd Dr.
		ATHER'S NAME Fred	MIDDLE	Fischer	Be	tty MAIDEN NAME	Heine	man
BALTIMORE, MD BURS AFTER DEATH BURS AFTER DEATH WITH FORM PM T. PAGES 1 AND 2 DIVISION OF VIT	160.	WAS DECEASED EVER IN U.S. AF (ES, NO. OR UNKNOWN) (IF YES, GIVI	MED FORCES? WAR OR DATES)	216-10-0465			gy 11508 Harf	ord Rd.
TON ST., BA N 24 HOUR: 1 ITEM 18. C ALONG WI T PERMIT. P. TGEINE, DIN.		18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE IMMEDIA	D BY:	for (1), (b), and (c).)	rolie Ca	udiovoscul	an Desco APPROX	CMATE INTERVAL ONSET AND DEATH
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L RECORDS, 301 UUD BE EXECUTE "PENDING" IN F EF MEDICAL EX, EF MEDICAL AND M HEALTH AND M CREMATION, OR	NO	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION GIV	(EN IN PART 1 (a).		
VITAL RE VITAL RE VORD 'PEI VORD 'PEI E CHIEF A B BE USED AIT OF HEA INT OF HEA	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	ION FOR WHICH OPERAT	ION WAS PERFORME)?	20. AUTC	
IN OF THE VOUD STANE TO BU	CAL CER	210 EXTERNAL CAUSE WAS UNDERLYING OF CONTRIBUTING CAUSE OF		MONTH DAY YEAR	21c. HOW INJURY OC	CURRED LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2}	
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EXAMINER: T CERTIFICATE, ULD BE FORW DIRECTOR: P, WITH THE ST.		22a. I certify that I took chard	ge of the remains des	cribed abave, held on		spection . Inquiry	, ond in my opinion	
		ACTUAL SIGNATURE	C. I-kge	L	TITLE (SPEC		DATE 7-)	19-80
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BP_BASSEA			23b. DATE Aug. 2,19		TERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimore	COUNTY Mary	pland
DHMH - 17 (VR A15 ME (5))	24. F	uneral director NAME Leonard J. R	ADDRESS	Balto. Mo		DATE REC'D. BY REGISTRAR	15 TO THE WAY TO SHOW THE	7



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No 216-10-0465 Mrs. Gertruck L. Mary 11508 Harford L.

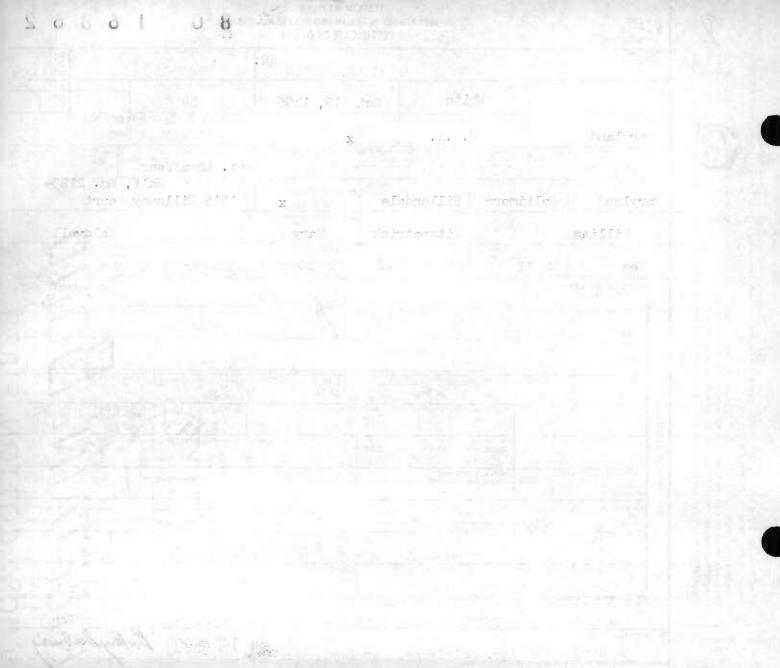
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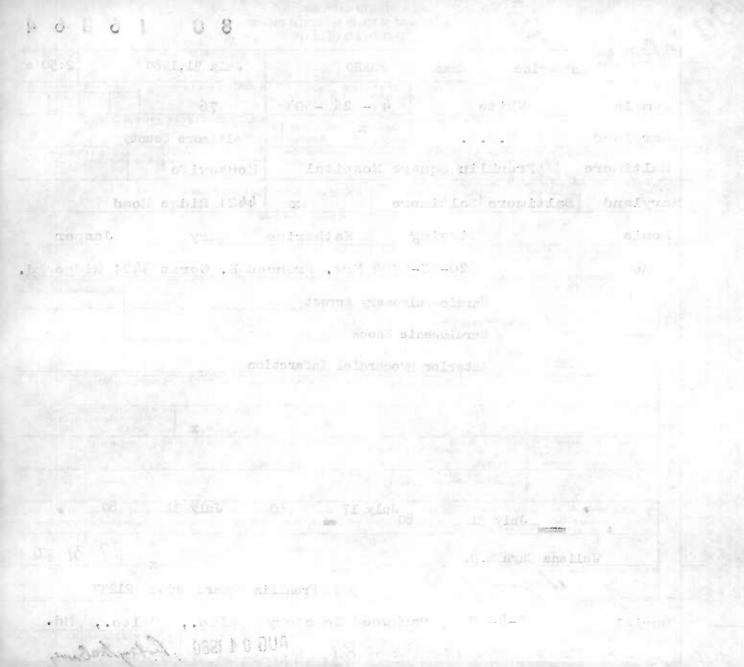
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AND 213	13a Ma	ryland Ba	e or other institution DUNTY ltimore	13c. CITY OR TOWN White Ma	N	13d. INSIDE CITY LIMITS?	1306 STREET ADDRESS	River	Grove	Rd.
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OHMH - 16 50M 7/77 (VR A 15 (4))		itchell-Wiedef	eld Home,	ADDRESS		more, Md.		my my	melle	andy

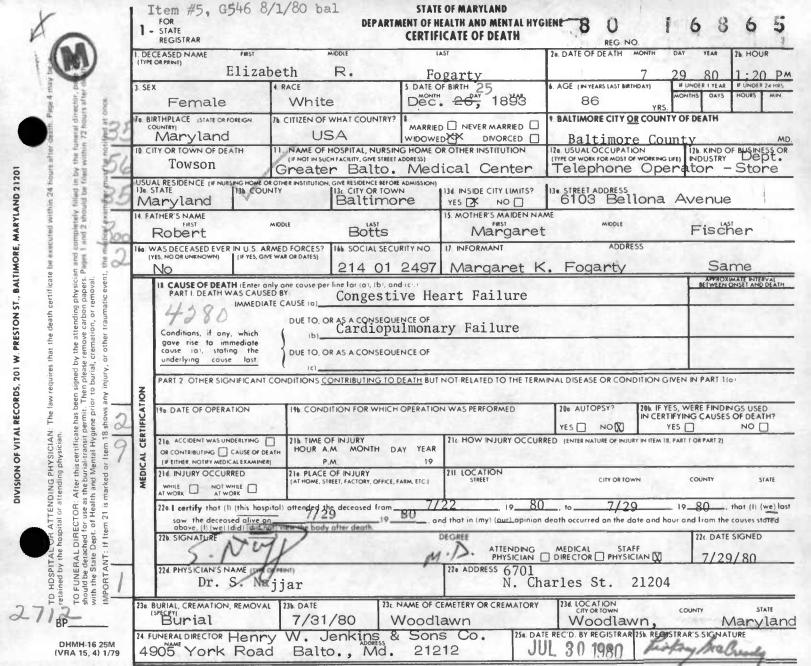
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	STATE OF STATE OF		
		dei on July 25,1980	

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH 2b HOUR SR (TYPE OR PRINT) FITZPATRICK ROBERT W. JULY 15, 1980 10:53p 3. SEX 4 RACE S DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) White Oct 19, 1895 84 A BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED U.S.A. Maryland BALTIMORE COUNTY WIDOWED DIVORCED [O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 176 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS Ret. Chauffeur TOWSON SAINT JOSEPH HOSPITAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Balt. Md. 21234 30 STATE 1315 Hillsway Court Baltimore Hillendale Maryland YES | I FATHER'S NAME 15 MOTHER'S MAIDEN NAME 2 1 1 2 William Caldwell Fitzpatrick Mary 60 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT 619 Old Stage Rd YES, NO OR UNKNOWN 219-26-2511 Mr Robert W Fitzpatrick Jr Glen Burnie Md WW APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and is PART I. DEATH WAS CAUSED BY: OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? YES 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE WHILE AT WORK 220.1 certify that X (this haspital) attended the deceased from July 19 80 Ju1v 15 .. and that in (😽) (aur) apinian death accurred on the date and hour and from the causes stated view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be dete with the State IMPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 7600 Osler Drive, Suite 311, Towson, MD George E. LaRocco, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial 7/21/80 Maryland Cheltenham Cheltenham D. By REGISTRAR 256. RE 24. FUNERAL DIRECTOR DHMH - 16 50M 1/76 (VR A 15 (4)) Leonard JRuck Inc. Baltimore, Maryland



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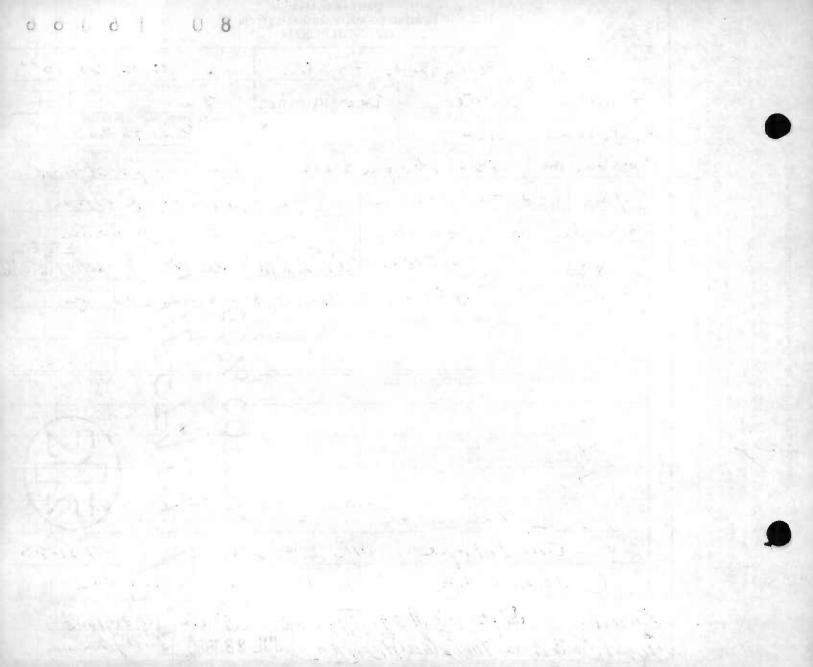


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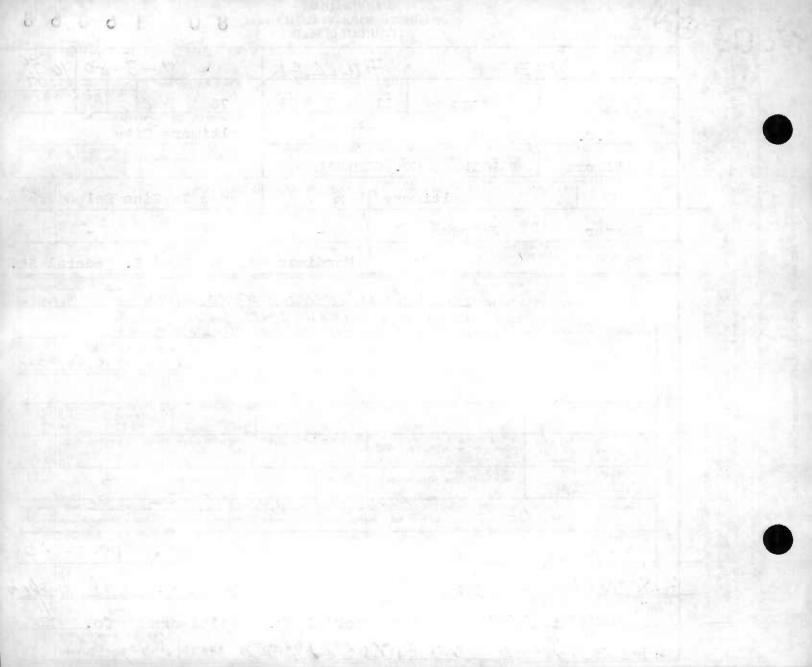
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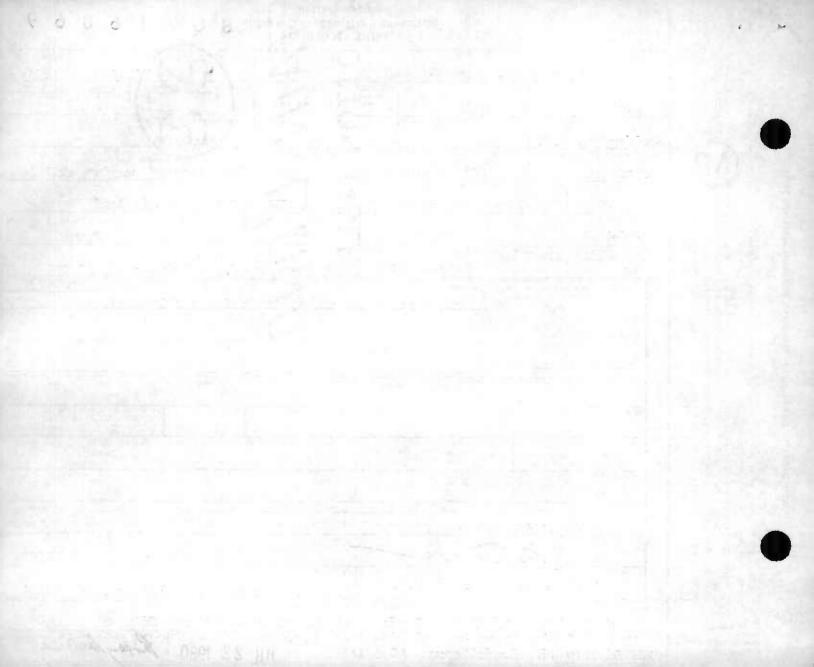
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TO FUNERAL hould be detained by with the State		22d. PHYS CIAN S. N. ME (TYPE O	APRINT)	PHYSICIAN E 22e. ADDRESS 7527 Bolin	DIRECTOR PHYSIC		27-7-0
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sho	14 FA	THER'S NAME				15 MOTHER'S MAIDEN NA	ME		Par .	
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a 1 a	Ión V	AS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDRE	SS		
Pages Pages t, the n	{}	ES, NO OR UNKNOWN) (IF YES	, GIVE WAR OR DATES)	N/A		Mordimar	Muldrow 29	904 E	. Fede:	ral St.
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P	24 F1	Burial	7/8/8	30 Ki	ng M	emorial Pk.	Baltime TE REC'D. BY REGISTRAN		STAN CONTRACTOR	
HMH-16 25M RA 15, 4) 1/79	,	NAME C. A	BNCH	110/	SIN	routh no 191	19 7 1980	Rofe	my Most	noch,





5	1	FOR STATE REGISTRAR			NT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	GIENE 8 0	1.6	8	70
7	1. DE	CEASED NAME FIRST E OR PRINT)	MIDDLE		LA			MONTH DAY	YEAR	26 HOUR P
		MARY	LOUIS		ARRI		JULY 21	+.1980		8:15-M
3	3. SE		4 RACE	5	. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIRT		JNDER I YEAR	IF UNDER 24 HRS
VAL		Female	White	J	June	20, 1902	78	YRS	IMS DAYS	HOURS MIN
33/	. Zo. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	AA A BRIED	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY O	DEATH	
35		Maryland	USA		VIDOWED		BALTII	MORE C	OUNTY	MD.
S. Triffed	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT	TAL, NURSING	HOME OF	OTHER INSTITUTION	12a USUAL OCCUPATI	NO.	12b KIND O	F BUSINESS OR
E 8	1	TOWSON	ST. JOS	SEPH H	OSPT	ΤΔΤ.	Housewife		Hom	emaker
be	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE AD	MISSION	ALC: NOTICE AND A				emaker
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ner		ATHER'S NAME	timore 1	owson		15. MOTHER'S MAIDEN NA		or ry rec	au	
138		FIRST	MIDDLE	LAST	3 6	FIRST	MIDDLE		LAS1	t
_	140.3	Henry Nic		chunck		Mary 17 INFORMANT	ADDRE	Cocke	urran	7.53
medico		YES, NO OR UNKNOWN) I (IF YES, GI	VE WAR OR DATES)							
event, the m		NO - 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	50	00 50 7	131	Frederick E	C. Blenckst	one 10	384 Sa	ndringb MATE INTERVAL ENSET AND DEATH
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		220.1 certify that Withis hasp sow the deceased alive of above(XI) the Tidid X AND 22b. SIGNATURE		osed from 19		that in XXX (our) apinion of	, to death occurred on the do	te and hour a		
±			AN	van		ATTENDING	MEDICAL STAF	F &-	7/2	. 1 -
MPORTANT: #			SIVAN M			22e ADDRESS	DIRECTOR PHYSIC			
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76	24 F	uneral director artin D. Laws	on 10 W. P	adonia	Rd.	Timonium J	F PEC'D BY PEGISTRAP			

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1		STATE OF MARYLAND	
11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	6871
3.0	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	001
	ECEASED NAME FIRST		NTH DAY YEAR 26 HOUR
(1	YPE OR PRINT)		To the on
	Emily	GAWOR GOWER GOODER DEATH MATED []	7 11 1980 M
3. 5	EX 4 RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	TH DAY YEAR 24 HOUR
F	emale White	JAN. 11 24 56 YRS. DEAD PRONOUNCED	7 11 1980 8:10
7a.	BIRTHPLACE (STATE OR	Th CITIZEN OF WHAT COUNTRYS	PUNTY OF DEATH
In	OREIGN COUNTRY)	MARRIED NEVER MARRIED	
1/2	CITY OR TOWN OF DEATH	U.S.A. WIDOWED DIVORCED Baltimore	7410.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORKING LIFE)	ORK 12b. KIND OF BUSINESS OR INDUSTRY
	Essex	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 2408 Barrison Road FOR MOST OF WORKING LIFE) HOME MAKE A	
USL	JAL RESIDENCE (IF IN NURSING HOME C	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
130.	STATE 136 COUN		- 5-
	FATHER'S NAME	- Valle Frill	0/1
	FIRST	MIDDLE LAST IS. MOTHER'S MAIDEN NAME FIRST MIDDLE C	LAST
14	NOREW	KWARTA MARY STACHLII	VISKI
16a.	WAS DECEASED EVER IN U.S. AR/ YES, NO, OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
	AID THES, GIVE	21714 9330 LEO GAWOR 3211 Ell	LIDTT ST
-	18. CAUSE OF DEATH (Enter on	y ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED	NRV.	BETWEEN ONSET AND DEATH
	1 0000 IMMEDIAT	ECAUSE (a) Laryngeal Edema due to Bee Sting	
177	7053	DUE TO, OR AS A CONSEQUENCE OF	
	Canditians, if any, which gave rise to immediate	(b)	
	cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	
	lying cause last.		
	BART S OTHER CHENIFICANT CONDITIONS	(c)	
7	PAKE Z UTNEK SIGNIFICANT CUNUITIUNS	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
MEDICAL CERTIFICATION			
13	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
I E			YES NO NO
ER L	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1.0	
1	UNDERLYING OR	HOUR AND MONTH DAY YEAR	
2	CONTRIBUTING CAUSE OF E		
AED A	WHILE IN NOT WHILE IT	21e. PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.)	COUNTY STATE
<	WHILE NOT WHILE AT WORK	street, FACTORY, FARM, ETC.) HOME 2408 Barrison Rd., Essex, Balto	
			ny opinian
	death resulted fram: Payor	al causes : Accident X, Suicide Homicide Undetermined manner	
	111	TITLE (SPECIFY)	
	ACTUAL SIGNATURE	M.D. Deputy Chief DICAL EXAMINER SK	ATE 7-12-80
1		MEDICAL EXAMINER SK	GNED
1	EXAMINER'S NAME Thor	mas D. Smith, M.D. 111 Penn Street	
-	(TITE OKT KIIVI)	ADDRESS	
23a.	BURIAL, CREMATION, REMOVAL 2	15. DAJE 23. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY
1	DUNIAL I	7/16/80 ST. STANISLAUS (EM. DALTIMORE	MD.
24.	NAME	ADDRESS / 2525 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR	R'S SIGNATURE
1/	DYMOND L. K	ACZOROWSKI FLEET ST. JUL 1 6 1980 1	Twitten way
	11/11/11/11	2027	

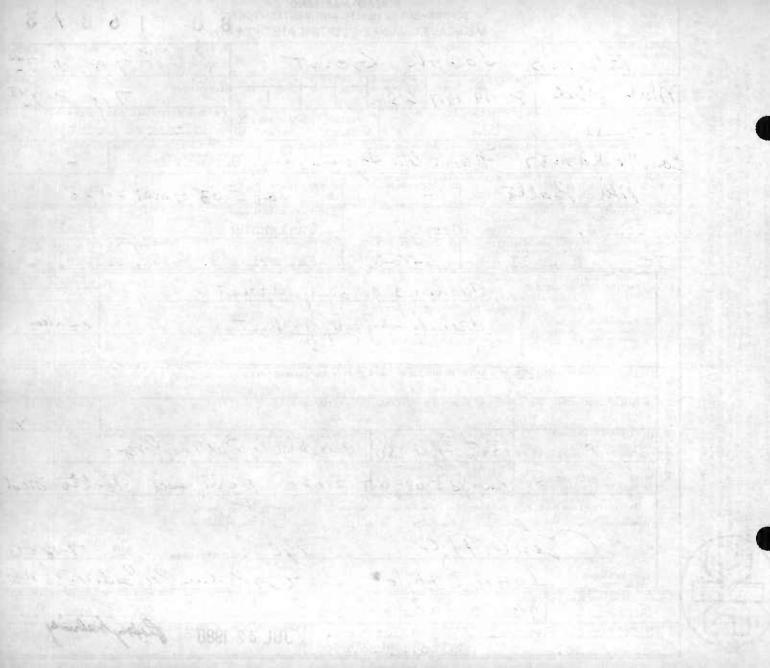
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Ruck Towson Funeral Home, Inc. Towson, Maryland

(VRA 15, 4) 1/79

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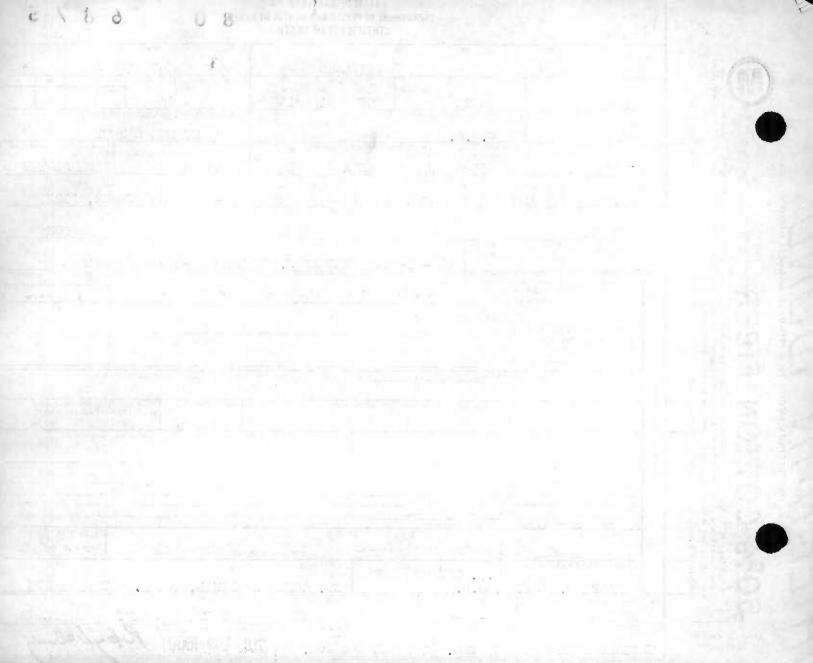
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN OF ESTI-WURD 1900 DEATH MATED SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR 2c. DAY LAST BIRTHDAY) PRONOUNCED 19 1082 191 DEAD b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED USA Maryland Baltimore County WIDOWED [DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Carpenter USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 5103 OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Cuni gun da Kahl Gerst John J. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 9311 16b. SOCIAL SECURITY NO. Gerst Rd. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR GATES 212-32-8990 Katherine B. Mestl, sister. Yes WW CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which 14 04 gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6] IFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PAGE 3 SHOULD BE L STATE DEPARTMENT O 21201 PRIOR TO BURIAL BURIAL, YES 🔲 CERT 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM JOPART 1 OR PART 2) MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 21d. INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY WARDED AT WORK AT WHILE 22a. I certify that I took charge of the remains described above, held an Inspection and in my apinion Accident 🔀 death resulted fram: Natural causes Suicide Undetermined manner TITLE (SPECIFY ACTUAL TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BALTIMORE, MA SIGNATURE EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL Gardens Baltimore, Md. Burial /21/80 Belair Memorial BP. 25b. Prosty R'S State Contractor 24 FUNGTON THUNER Funeral ODRESS 9705 Belair Rd. **DHMH - 17** (VR A15 ME (5)) Balto., Md. 21236 Home. Inc. 15M 7/77



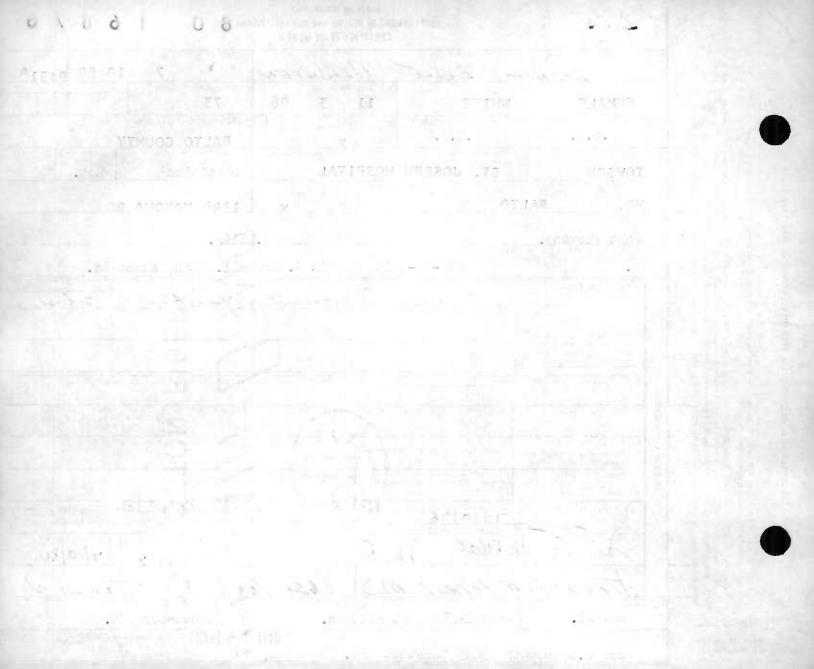
						OF MARYLAND				
	1-	FOR STATE REGISTRAR		DEPAR	CERTIFIC	ALTH AND MENTAL I CATE OF DEATH	HYGIENE 8 0	10.	6 8	7 4
		CEASED NAME FIRSTS	TEPHANI'	VIDDLE E	LAS	oT .	2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
-		-BABY	CIRL GER	RTZ				7/6/80		8:32p
- 1	3. SE		4 RACE		5. DATE OF MONTH	OAY YEAR	6 AGE (IN YEARS LAST BI		NTHS OAYS	HOURS M
	7 . RI	Female RTHPLACE (STATE OR FOREIGN	White	WHAT COUNTRY		/80	V A PAINING DE CITY	YRS	1	
35	C	MARYLAND	US		MARRIED	NEVER MARRIED X	9. BALTIMORE CITY			
51		TY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NURS	ING HOME OR	OTHER INSTITUTION	120 USUAL OCCUPA	ION		OF BUSINESS
56	To	owson		er Balti		dical Cent	er NONE	OF WORKING LIFE)	INDUSTRY NO	ONE
24	13a. S	AL RESIDENCE (IF NURSING HOME TATE MARYLAND 136, COU BA	or other institution, JNTY LTO.	GIVE RESIDENCE BEFO 13c CITY OR TO OWINGS	WN MILLS	36 INSIDE CITY LIMITS	? 13e. STREET ADDRESS	AP' STR AM (Г. А	#21117
	14 FA	THER'S NAME	MIDDLE			5 MOTHER'S MAIDEN	NAME			
30		EVAN	WIDDLE	GERTZ		FIRST IS	ABELLE		BEÑ	OTV
1	16a. V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SEC	URITY NO. 1	17 INFORMANT M	R. EVAN GERT	ESS.		T
		NO		NONE			REAM CT AP		VINGS	MILLS
10 110		Conditions, if any, which gave rise to immediate	(b)	Pneu						
	CATION		(c)	R AS A CONSEQUE	MONIA JENCE OF	OT RELATED TO THE TI	ERMINAL DISEASE OR COI	20b. IF YES, V	VERE FINDI	INGS USED
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21 is marked or Item 18 shaws ony injury, ar ather troumatic		gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF ETHER, NOTHER MEDICAL EXAMINE AT WORK NOTHER LAT WORK 12a. I certify that (I) (this has)	19b. CONDITIONS CO	R AS A CONSEQUENCE OF INJURY M. MONTH (M. MONTH (DET, FACTORY, OFFICE deceosed from	DEATH BUT N DAY YEAR 19 ,FARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCC 21f. LOCATION STREET , 19_86	200. AUTOPSY? YES NO□ CURRED (ENTER NATURE OF IN) CITY OR TO	20b. IF YES, VIN CERTIFY II YES URY IN ITEM 18, PART	VERE FINDING CAUSES (1) OR PART (2) COUNTY	NGS USED S OF DEATH? NO
		gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CIFETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK	19b. CONDITIONS CO	R AS A CONSEQUENCE OF INJURY M. MONTH (M. MONTH (DET, FACTORY, OFFICE deceosed from	DEATH BUT N DAY YEAR 19 FARM, ETC.) 7/5 , ond	WAS PERFORMED 21c. HOW INJURY OCC 21f. LOCATION STREET 19 80 that in (my) (aur) opin GREE ATTENDING	YES NO CITY OR TO	20b. IF YES, VIN CERTIFY II YES URY IN ITEM IB, PART	WERE FINDING CAUSE: TORPART2) COUNTY 80 122c DATE	STATE that (1) (we) e causes stated
in field 2.13 moneous definition of the field of the fiel		gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION 71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFEREN, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 72a. I certify that (1) (this has sow the deceased alive a cobove. (1) (wee) [did] (did of or cobove. (1) (wee) [did] (did of or course)	CONDITIONS CO	R AS A CONSEQUENCE OF INJURY M. MONTH (M. MONTH (DET, FACTORY, OFFICE deceosed from	DEATH BUT N DAY YEAR 19 ,FARM, ETC.) T/5 . ond	WAS PERFORMED 21c. HOW INJURY OCC 21f. LOCATION STREET 19.80 that in (my) (aur) opin	YES NO CITY OR TO	20b. IF YES, VIN CERTIFY II YES URY IN ITEM IB, PART	WERE FINDING CAUSE: TORPART2) COUNTY 80 122c DATE	STATE that (1) (we)
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William Committee of the Committee of th para 1590 property 8 200

6	1	FOR STATE REGISTRAR		DEPARTMENT OF I	HEALTH AND MENTAL HYP FICATE OF DEATH	GIENES ()		7
		ECEASED NAME FIRST	MIDDL	E	LAST	26 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
eoth eoth	100	PE OR PRINT) ANNA	1	GI	LLARD		7 17 80	A. N
ter d	3. \$	EX	4. RACE	5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEA	
ecto urs af		FEMALE	WHITE	09		6.	5 YRS	, TIOOKS MIN
ce.		SIRTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHA	AT COUNTRY?	D X NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
of one		MARYLAND	U.S.A.	WIDOW	_	BALTIMO	RE COUNTY	MD
pa	10.	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME	OR OTHER INSTITUTION	120. USUAL OCCUPATION		OF BUSINESS OR
100C		HALETHORPE		SECOND AVEN	UE	PACKER		RAL TIN
t be	USI	JAL RESIDENCE (IF NURSING HOW	AE OR OTHER INSTITUTION, GIVE			113e STREET ADDRESS		
Sin I				HALETHORPE	YES NO S	5708 SECON	ND AVENUE	21227
iner	_	ATHER'S NAME	410015	1467	15. MOTHER'S MAIDEN NA			
831		HOMER	WIDDLE	CHARLES	MAMIE	-WIDOIE		ROOKS
00	160.	WAS DECEASED EVER IN U.S.		SOCIAL SECURITY NO.	17 INFORMANT	ADDRE		
medical		(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR OATES)	214-01-6818	THOMAS J. GI	LLARD 5708 S	SECOND AVENU	JE
Te Te		18 CAUSE OF DEATH (Ente						DXIMATE INTERVAL N ONSET AND DEATH
'ent'		PART I. DEATH WAS CA	USED BY	metertex	a Brest	Coremin	. 5	71
9	1	19149 MMEL	DIATE CAUSE (0)					7
m at		1171		A CONSEQUENCE OF				
o T	1	Conditions, if any, which gave rise to immediate						
her		couse (o), stating the	DUE TO, OR AS	A CONSEQUENCE OF				
to 70		onderlying coose lost	· (c)					
njury, e	Z	PART 2 OTHER SIGNIFICAL	NT CONDITIONS <u>CONT</u>	RIBUTING TO DEATH BU	NOT RELATED TO THE TER	MINAL DISEASE OR CONE	DITION GIVEN IN PART	1(0)
any.	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITIO	N FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE	
SMO	Ĕ					YES NO	YES [NO 🔯
S (1)	18	210. ACCIDENT WAS UNDERLYING				RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)
tem /		OR CONTRIBUTING CAUSE OF	PUCAIN	MONTH DAY YEAR				
F F	MEDICAL	21d INJURY OCCURRED	21e PLACE OF II	NJURY	21f. LOCATION			
D D	Z Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, F	FACTORY, OFFICE, FARM, ETC.)	STREET	And CITY OR TOW	COUNTY	STATE
E 0	1	220.1 certify that (I) (this h	ospital) attended the de	ecensed from	10	to	19	. that (1) (we) last
~			an 1/2 5/		and that in (my) (com) opinion	death occurred on the do	te and hour and from th	
E 2	н	obove, (I) (wo) (did) (Que)	d not view the bady afte	r death.	DEGREE		22¢ DA	TE SIGNED
±		III. SIGIVATORE	The Las	indhen	ATTENDING	_ MEDICAL _ STAF	F	(15/6)
<u> </u>	+	22d. PHYSICIAN'S NAME (T)	Jan W	Your	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN	8/8
RTA		ZZE. PHISICIAN SINAME (IN	p.p. RA	AYMOND BAHR				
IMPORTANT		RALPH E. U	PDIKE, M.D.			HOSPITAL, 90	O S. CATON	AVENUE
_2	23 a	BURIAL, CREMATION, REMOTE (SPECIFY)			CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
_		BURIAL	07-21-8	30 LOU	DON PARK	BALTIMOR		ARYLAND
76		FUNERAL DIRECTOR		ADDRESS	21227	TE REC'D. BY REGISTRAR		Cheody
	H	UBBARD FUNERAL	L HOME, INC.	. 4107 WILKE	INS AVE.	UL 1 8 1980		7

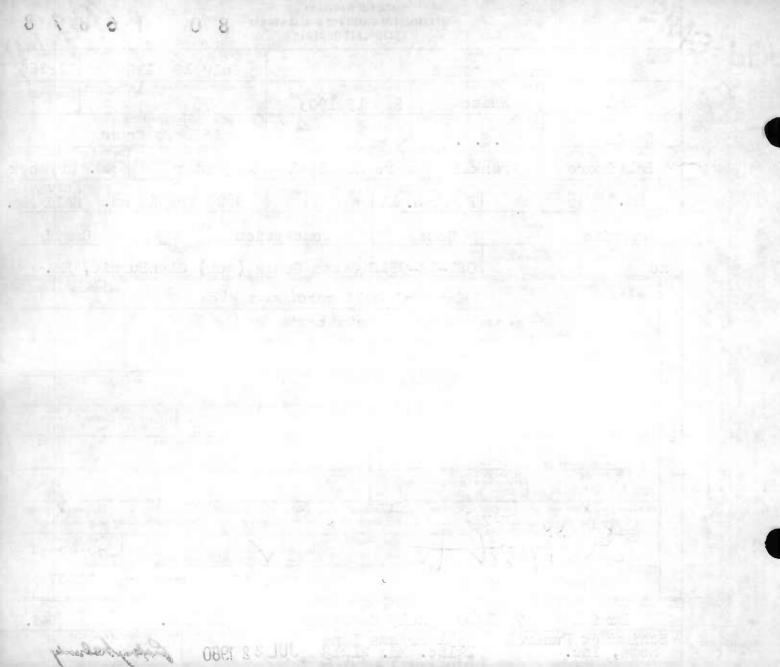


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deoth	(TYP	CEASED NAME E OR PRINT)	FIRST SAHA	BELLE	- (EEN	20. DATE OF DEATH	7	10 80	2b.
(BE)	3. SE	FEMALE	4 RACE	ΓE	S. DATE (F BIRTH	9,0	6 AGE (IN YEARS LAST I	SIRTHDAY) YRS	MONTHS DAYS	HO.
1	7a. B	IRTHPLACE STATE OR FOR		J.S.A.	RY? 8 MARRIE WIDOWE	D NEVERA	AARRIED	BALTO	-		
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shauld be	USU 13a.	AL RESIDENCE (IF NURSIT STATE MD.	G HOME OR OTHER INSTITUTE 36 COUNTY BALTO	13c. CITY OR 1		13d INSIDE C	ITY LIMITS?	13e STREET ADDRES		RD	
ompletely 1 and 2 sh 1 examine	14. F	John Bleve	MIDDLE ns .	LAST			MAIDEN NAM FIRST	E AWIDDIE		(A	šT.
ticon and co		WAS DECEASED EVER I		7 166 SOCIAL S	-4025	17 INFORMA	NT	ле11. 1844	ress Yako	na Rd.	
os been signed by ermit. Then please e prior to burial, cr s any injury, ar oth	CERTIFICATION	PART 2 OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING				NAL DISEASE OR CO	20b. IF Y	EIVEN IN PART 16 ZES, WERE FINDIN	NGS
certificate ha		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW IN	JURY OCCURRE	YES NO		YES B, PART 1 OR PART 2)	7
After this create os the bur of the bur of the bur marked or the	MEDICAL	21d. INJURY OCCURRE	D 21e. PŁAC	E OF INJURY STREET, FACTORY, OFF		211. LOCATIO	N	CITY OR I	OWN	COUNTY	
CTOR: Al d for use c of Healt n 21 is ma		sow the deceased	this hospital) attended I alive on d) (did ot) view the bac	10178		d that in (my)	_, 19 () apinion de	, to	date and h		that
RAL DIRE detached tote Dept		Signature C	2. Muscle	ell,	m. Q				AFF SICIAN (S)	22c DATE	SIGN O∫{
TO FUNERA should be do with the Sto		ONN	A. Mit		m, s	22e ADDRES	20 /0	RK R	8	Tows	20
P	230.	BURIAL, CREMATION, R		12/80	73c NAME OF C Ft Lin		REMATORY	23d LOCATION CITY OR TOWN Bladen	sberg	Md.	
16 50M 1/76 A 15 (4))	24. F	UNERAL DIRECTOR	enoweth 3	615 Ches		e.	25 DINTE	FEC 5 1980 TRA	R 250 RECA	STRAR'S SIGNAT	UR

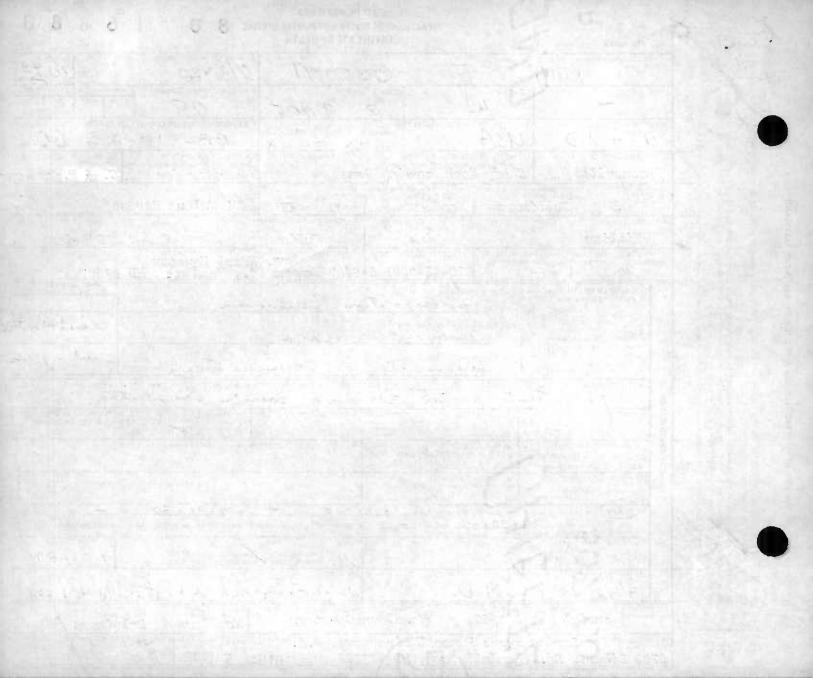


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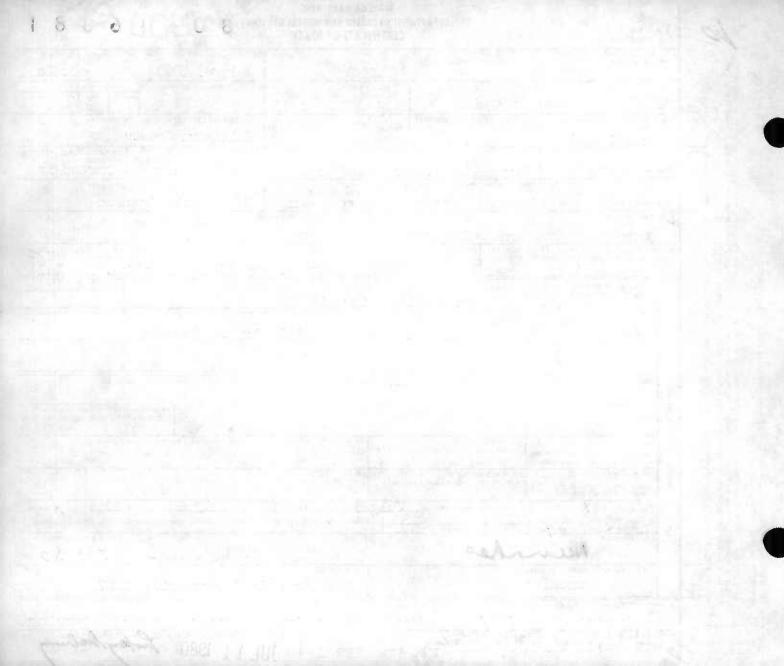
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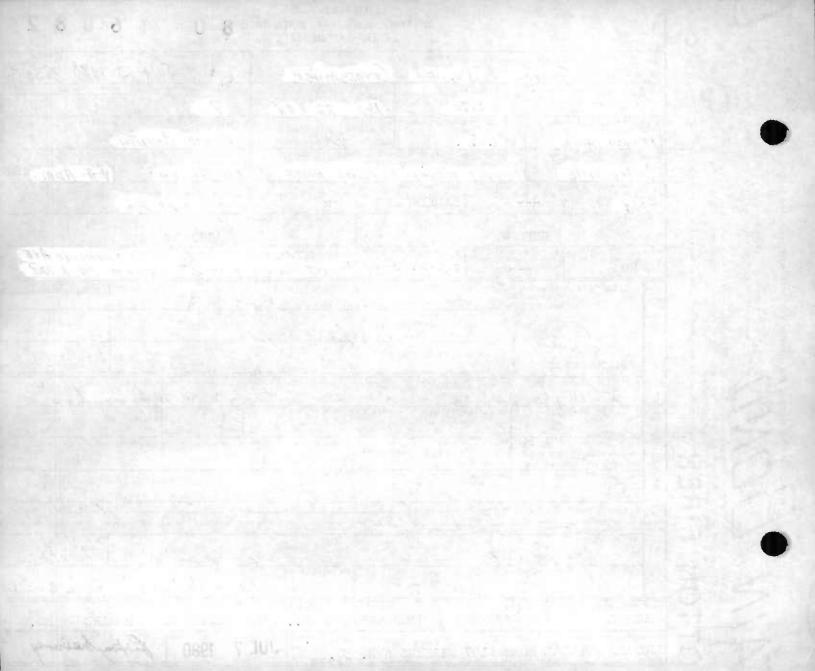
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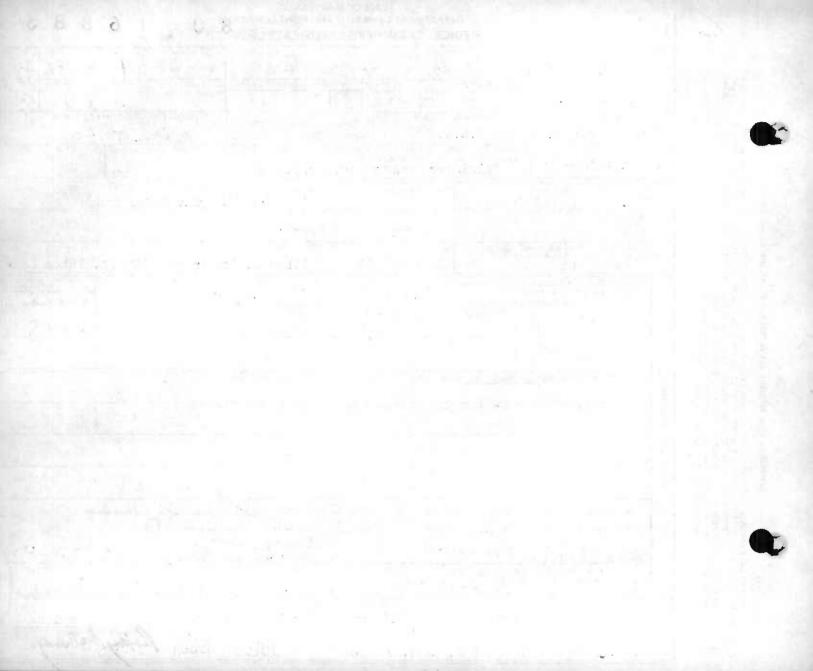
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11	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENT ICATE OF DEAT		0 0	1 6	8	8 2
The second second		CEASED NAME	IRST	MIDDLE	- 1	AST	- 1	REG. NO 20 DATE OF DEATH		Y YEAR	2b HOUR
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ou Pro	3 SE		J 4 RACE		5 DATE O			AGE IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24 HRS
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AND 212	MA	AL RESIDENCE (IF NUR TAJE RYLAND	OUNTY	ON GIVE RESIDENCE BEFO		136 INSIDECITY LIA YES NO		507 SUNSET	ROAD		
BALTIMORE, MARYLAND 2 cote be executed within 24 he ysicion and campletely filled apers. Pages 1 and 2 should b vol. it, the medical exagniner must,	14 FA	THER'S NAME FIRST	UNKNOWN	LAST		15 MOTHER'S MAIL	DEN NAM	UNKNOWN		LAST	
AORE,	160 V	VAS DECEASED EVER IN	U.S. ARMED FORCES YES, GIVE WAR OR DATES)	The state of the s		17 INFORMANT		ADDRE			
ficate be e hysician a papers. Pa loval.		NO		216-03	-3538	SHIRLEY	THOMP	SON 507 S	UNSET		MATE INTERVAL NSET AND DEATH
quires that the death certifications state of the other state of the other please remove carbon to burial, cremation, or ren plury, ar ather traumatic expension.	NO	Conditions, if ony, w gove rise to immed couse (o), stoting	hich (b) (b) (c)	OR AS A CONSEOL OR AS A CONSEOL CONTRIBUTING TO	JENCE OF	C CC C	HE TERMIN	VAL DISEASE OR CONI	. //	N IN PART 1(0	
AL RECORDS, he law requir on. has been sig t permit Then tene prior to b ows any injury	CERTIFICATION	190 DATE OF OPERATIO	N 196. CON	NOITION FOR WHICH	H OPERATIO	N WAS PERFORMED	-	1200 AUTOPSY? YES □ NO □	20b. IF YES,	WERE FINDING ING CAUSES	GS USED OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The offending physician ther this certificate has so the burial-transit per than a Manual Hygien and Mental Hygien and an Item 18 show and a filem 18 show a filem 18	MEDICAL CER	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAU (IF EITHER, NOTIFY MEDICAL E. 21d. INJURY OCCURRED WHILE WHILE AT WORK AT WORK	SE OF DEATH HOUR KAMINER) 21e PLAC	OF INJURY A.M. MONTH D P.M. CE OF INJURY STREET, FACTORY, OFFICE.	19	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR		COUNTY	STATE
AL OR ATTENDI the haspital or AL DIRECTOR. A enoched for use are Dept. of Heal		220 I certify that (I) (th	is hospital) attended alive on (did not) view the bo			DEGREE ATTENI PHYSIC	DING	mEDICAL STAI	· F	ond from the c	
HOSPIT FUNER Suld be ould be PORTAN		22d. PHYSICIAN'S NAMI		3 B	OB	220 ADDRESS	o fo	and Hey	hb (Bacto	21208
0 % 0 % \$ \$ 1	B	urial, cremation, rea JRIAL	MOVAL 236 DATE 6/7/			EMETERY OR CREMA IDGE MEM.	PARK			WARD	MD.
DHMH - 16 60M 1/75 (VR A 15 (4))		NERAL DIRECTOR	I. HOME 41	07 WITKENS	AVE	BALTO.	JUL 250. DATE	7 1980	25b. RECUSTR	AR'S SIGNATI	ready



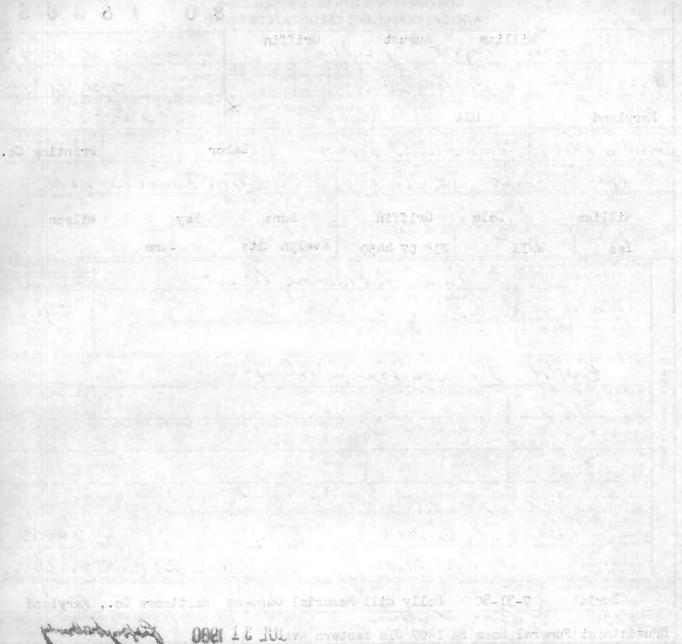
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W. PHEESS	Ś	RTHPLACE (STATE OR PREIGN COUNTRY) Outh Caro		76. CITIZEN OF WE		MARRIED NEVER MARI	- /V / /	ECITY OF CO	M	DEATH C ₁	MD.
SO THE PAGE		Baltimo	re	(IF NOT IN SUCH FACE Balti	PITAL, NURSING HOME, (CILITY, GIVE STREET ADDRESS) More County	Gen. Hosp.	12a. USUAL OCCUPAT FOR MOST OF WORKING	ON (TYPE OF W	ORK 12th K	IND OF BUS INDUSTR	SINESS Y
21201 2. AND 3 TO 3. RETAIN P SHOULD BE LI RECORDS,	13a. S	AL RESIDENCE (IF IN NU TATE RYLAND	13b. COUNT		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO S	13e. STREET ADDRESS 2120 St.	Lukes	Lane		THE
RE, MD. 2 DEATH. IF SES 1, 2. M. PM. 3. AND 2 SI DEVITAL	14. F.	ames		WIDDLE	Lowery	is. MOTHER'S MAID Estelle				LAST	
BALTIMORE, RS AFTER DE GNE PAGE. WITH FORM PAGES 1 AN	16a. \	VAS DECEASED EVER ES. NO. OR UNKNOWN)	IN U.S. ARM		166 SOCIAL SECURITY			DDRESS			
ST., BALTI HOURS AF A 18. GIVE AMT. PAGE NE, DIVISIG		No			248-34-351 for (a), (b)) and (c).)	1 Milton	L. Greenway	2120		Lukes	
TAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MD. 2 HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. II DO "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, HIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. USED AS A BURIAL-TRANSIT PERMIT. PAGES 1 AND 2 SOF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL 11, CREMATION, OR REMOVAL.	NO	Canditions, if gave rise to cause (a) station lying cause last	immediate g the <u>under</u> -	(b)	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMIN.	\mathcal{D}	ART I (a).		1	2AK	5_
F VITAL REC FE SHOULD I WORD "PEN HE CHIEF M P. BE USED A INTO F HEALURIAL, CREM	CERTIFICATION	19a. DATE OF OPER.	ATION	19b. CONDIT	TON FOR WHICH OPERA	TION WAS PERFORMED?			20.	AUTOPSY?	NO 🗆
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXE. RITING THE WORD "PENDING" RDED TO THE CHIEF MEDICA RED TO THE CHIEF MEDICA REDEARTMENT OF HEATH AN PRIOR TO BURIAL, CREMATION		210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		MONTH DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)		
DIVISION OF VITAL ER: THIS CERTIFICATE SHOU ATE, WRITING THE WORD " FORWARDED TO THE CHIE MR: PAGE 3 SHOULD BE USI MR: PAGE 3 SHOULD BE USI V. 21201 PRIOR TO BURIAL, C.	MEDICAL	21d. INJURY OCCUR WHILE NOT AT WORK AT V	RED	210. PLACE C		21f, LOCATION STREET	CITY OR TOWN		COUNTY		STATE
TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL MITHE STENDESTOR: PAFIER DEATH, WITH THE STENDESTOR.		22a. I certify that death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT))	e of the remains descal causes D. Mill	Accident , Suici	Autapsy , Inspection of the In	undetermined manner MEDICAL EXAMINE	er .	ATE IGNED	7-8-	-8°
TO AFT	23a.B	URIAL, CREMATION,				TERY OR CREMATORY	23d. LOCATION CITY OF TOWN		COUNTY	ST	ATE
BP	24.5	Bur UNERAL DIRECTOR	ial	7/13/80	Baltimo	re National	Baltimor			arylar	ad
DHMH - 17 (VR A15 ME (5)) 30M 7/73		Wm. C. Mar	ch F.F	H. 1101 H	E. North Ave	111	REC'D. BY REGISTRAR	Just 1	R'S SIGNA	Credy	1



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810	led		FOR STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N		8	8 4
9/11	RA	I. DE	CEASED NAME FRST ORPRINT) MICHA	EL pandridg		IFFIN	28 DATE OF DEATH		BO .	3:50AM
Page 4 mis	nc	3 SEX	MALE	WHITE	5. DATE C		AGE IN YEARS LAST BIR	THDAY) IF UNDER		HUNDER 24 HRS
death. P. neral dir 172 hour	Thed at o	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHAT CO USA	UNTRY? MARRIE	NEVER MARRIED TO	BALTIMORE CITY O	R COUNTY OF DE		M
urs after by the fu	196		TOWSON. MD.	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G	IVE STREET ADDRESS)	ROTHER INSTITUTION	12e USUAL OCCUPAT (TYPE OF WORK FOR MOST O Checker	F WORKING LIFE) INDI	KIND OF USTRY	BUSINESSOF
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certificati physicia papers.	emoval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	nly ane cause per line for to), (b), and (c), (SPIRATORY A		- 06	APPROXIMA IWEEN ON	ATE INTERVAL
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s that the by the a se remov	r, cremar		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF	C CA TESTICE	FS		515	
v require en signed hen plea	to burial yy injury,	NO	PART 2 OTHER SIGNIFICANT	147				DITION GIVEN IN P.	ART 1(a)	
The e ha	shows ar	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING C YES		
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the hosp AL DIR	State Dept.		276 SIGNATURE Place	ē		DEGREE ATTENDING PHYSICIAN	MEDICAL STA		7/0	IGNED
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BP	<u> </u>	23a B	URIAL, CREMATION, REMOVAL PECEY) Burial	23b. DATE 7/9/80		EMETERY OR CREMATORY ad Mem.Cem.	23d LOCATION CITY OR TOWN	county Le Balti	more	state e Md.
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	2000		CEASED NAME, FIRST TO BE OR PRINTY WILLIAM	William	MIDDLE August	oriffin len	2a. DATE KNOWN OF ESTI- DEATH MATED	7 24 1980 413 M
	Mita File Sines	3. SE	14L2 While	5. DATE OF BIRTH	YEAR LAST BIRTHDAY) MONT	NDER I YR. IF UNDER	24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 24 HOUR
	100	7a. B	RTHPLACE (STATE OR REIGN COUNTRY) Yaryland	76. CITIZEN OF WH	AT COUNTRY? 8. MARR	NEVER MARRI		COUNTY OF DEATH MD.
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	0	nuille Mel	Freen ;			12d. USUAL OCCUPATION (TYPE (FOR MOST OF WORKING LIFE)	
21201	RETAIN E		TATE THE 13b. COOK	or other institution, given the control of the cont	re residence before admission) 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRÉSS 908 hance	2/22/
MD.	S 1. 2 PM 3 VD 2 3		ATHER'S NAME FIRST William	Dale	Griffin	15. MOTHER'S MAIDE FIRST Edna	N NAME MIDDLE	Wilson
BALTIMORE,	URS AFTER DE 8 GIVE PAGE WITH FORM PAGES 1 AN DIVISION OF	160.	VAS DECEASED EVER IN U.S. AR, ES, NO. OR UNKNOWN) Yes (IF YES, GIVE	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO. 218 07 4450	Evelyn Ri	tz Same	
ST.,	A HO NG SRMIT ENE,		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI IMMEDIA	D BY:	for (a), (b), and (c).) wider Putn	ionory a	vest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ION OF	TIFICATE TO THE WATCH TO THE MOULD BARTMEN	ICAL CE	21a EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	DEATH P.M.	MONTH DAY YEAR		O RENTER NATURE OF INJURY IN ITEM BE PA	RT I OR PART 2)
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	AND TO THE		220. I certify that I taak charg	al couses	cribed abave, held an Autap	sy , Inspection	Undetermined monner	in my apinian
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	TO MEDICAL EXAMENE THE CERT PAGE 4 SHOULD TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARYL	19	EXAMINER'S NAME (TYPE OR PRINT)		VC. Hyle	ADDRESS 7527	Below Pol Po	Jul 3123 6mel
450	and a	23a.B	Burial Burial	7-31-80	231. NAME OF CEMETERY CHOLLY Hill Me		23d LOCATION CITY OF TOWN THENS Baltimore	Co., Maryland
	BP	24. F	UNERALDIRECTOR	ADDRESS	Je July		EC'D. BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
	(VR A15 ME (5)) 15M 7/77	В	uzdzinski Funei	al Home F	A 1407 Old East	ern AvelUL	31 1980	Frysamy

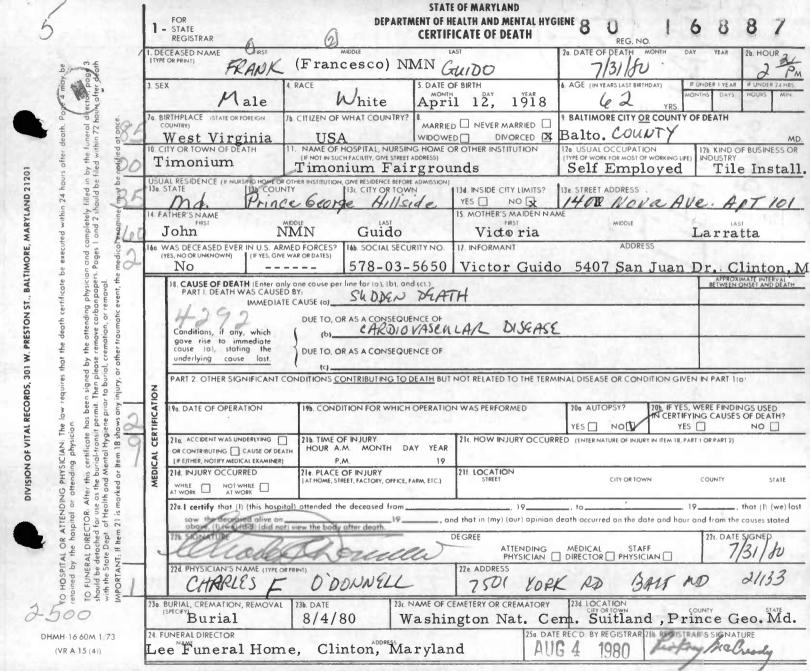


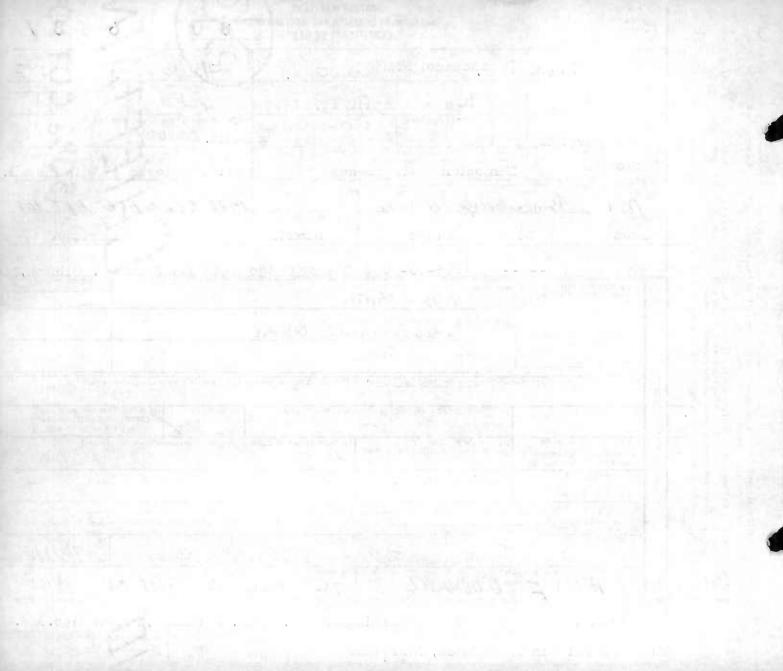


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requires that the death cert n signed by the attending ph hen please remove carbon pa to burial, cremation, or rem ty injury, or other traumatic	No	Conditions, if any gave rise to im cause (a), stati underlying cause	mediate ng the e last	DUE TO, OI		OUENCE OF	NOT RELATED TO	THE TERMI	NAL DISEASE OR COM	NDITION GIV	EN IN PART I	ło)
V: The lav	CERTIFICATION	190 DATE OF OPERA	ATION	196 CONDI	ITION FOR WH	ICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	IN CERTIF	S, WERE FIND FYING CAUSE	INGS USED S OF DEATH?
TENDING PHYSICIAN I or attending physician. TOR: After this certificate use as the burial-transit pe Health and Mental Hygier I is marked or Item 18 st	MEDICAL CER	220.1 certify that (1	CAUSE OF DEA	P. 21e PLACE (AT HOME, STE	M. MONTH M. OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	19_80	ED (ENTER NATURE OF INJI CITY OR TO	own /S	COUNTY	STATE that (h_(we) lost
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TO HOSE retained to TO FUNE with the 3 IMPORT.	230 E	AUH BURIAL, CREMATION SPECEFY Urial	REMOVAL	23b. DATE	. 1		EMETERY OR CRE	MATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 FI	urial UNERAL DIRECTOR NAME assahn F	unera	7/18/			seph's	Mai PATE	Fullerto	on Ba	altimo	ore Md.

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWNXX MONTH (TYPE OR PRINT) ESTI-Genevieve Hall 80 Louise Bel1 DEATH MATED 19 3 SEX 4 RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE black. LAST BIRTHDAY female. PRONOUNCED 1080 4:311 32 48 DEAD To. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED X NEVER MARRIED MD USA Baltimore DIVORCED County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS St. Joseph Hospital Towson USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d. INSIDE CITY JAMITS? 13e. STREET ADDRESS No 1417 Railroad Avenue Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE William Bell Genevieve Norris Henry 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 414 215-32-8080 Mr. & Mrs. Arthur Cooper Railroad No 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Multiple stab wounds/ chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES XX NO 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY UNDERLYING subject stabbed CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK at home 417 Railroad Avenue, Towson Balto Co MD Inspection 220. I certify that I toak charge af the remains described above, held on Autopsy Inquiry Homicide XX Undetermined manner Natural couses deoth resulted fram: Accident Assistant 7/10/80 ACTUAL TO MEDICAL E
EXECUTE THE C
PAGE 4 SHOU
TO FUNERAL D
AFTER DEATH, 9
BALTIMORE, MA SIGNATURE MEDICAL EXAMINER Hormez R. Guard, M.D. 111 Penn Street, Baltimore, MD 21201 EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 7/15/80 MD Pleasant Rest Cem Baltimore BP 24. FUNERAL DIRECTOR **DHMH - 17** 1101 E. North Ave. VR A15 ME (5) C. March F/H 15M 7/77

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) MARY CATHERINE HANLEY July 22, 1980 3:30 R 3. SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Female White 1897 Feb. To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED X U.S.A. Baltimore County, Maryland WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR 604 Central Towson Avenue Secretary Medical Baltimore 21204 604 Central Avenue Marvland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Richard Padian Hanley Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) 220-30-2950Mary E. Hanley 604 Central Ave. 21204 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: HEART DISEASE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which couse (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFETHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended the defeased from sow the deceased alive on. and that in (my) (and apprior death occurred on the date and hour and from the causes stated obove, (1) (me) tohat (did not) view the body after death 22b. SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR | PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Thaddeus C. Siwinski, M.D. 206 W. Pennsylvania Ave. 825-8030 230. BURIAL, CREMATION, REMOVAL 23t, NAME OF CEMETERY OR CREMATORY 23b. DATE July25, 80 Mount Maria Cemetery Baltimore Co., Md. Burial 24 FUNERAL DIRECTOR BY REGISTRAR 25b. RECOTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) William E. Johnson 8521 Loch Raven Blvd

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with the State Dept. at Heard ond meritar ingress.

IMPORTANT: If Hern 21 is marked or them 18 shows any injury, or other traumatic event, the medical examiner.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physics should be detoched for use as the buriol-transit permit. Then please remove corban pape with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

requires that the death certificate be executed within 24 hours after

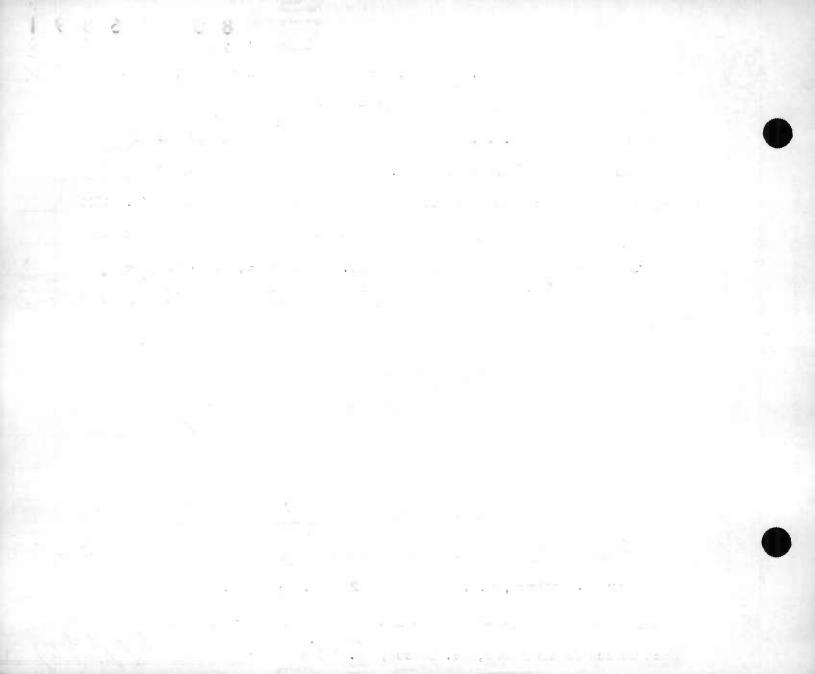
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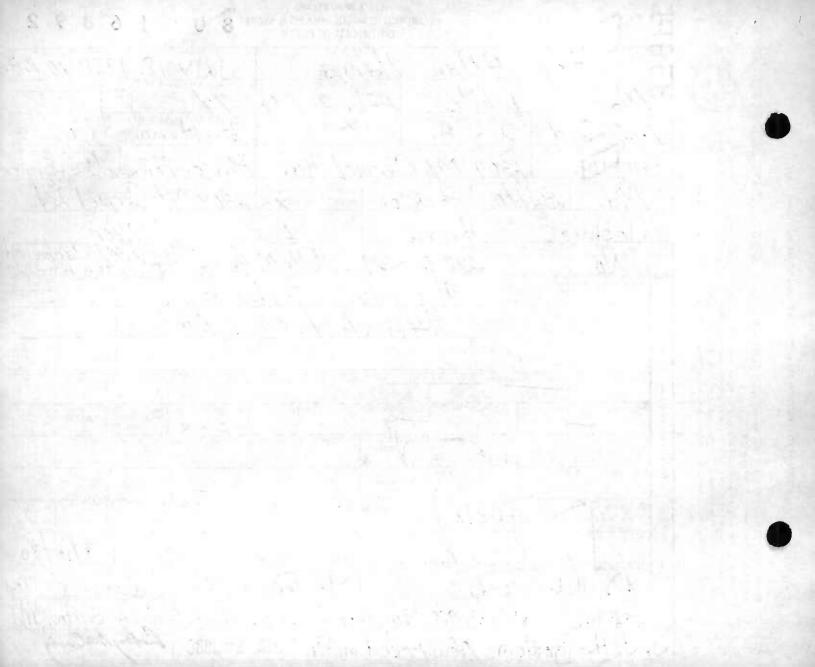
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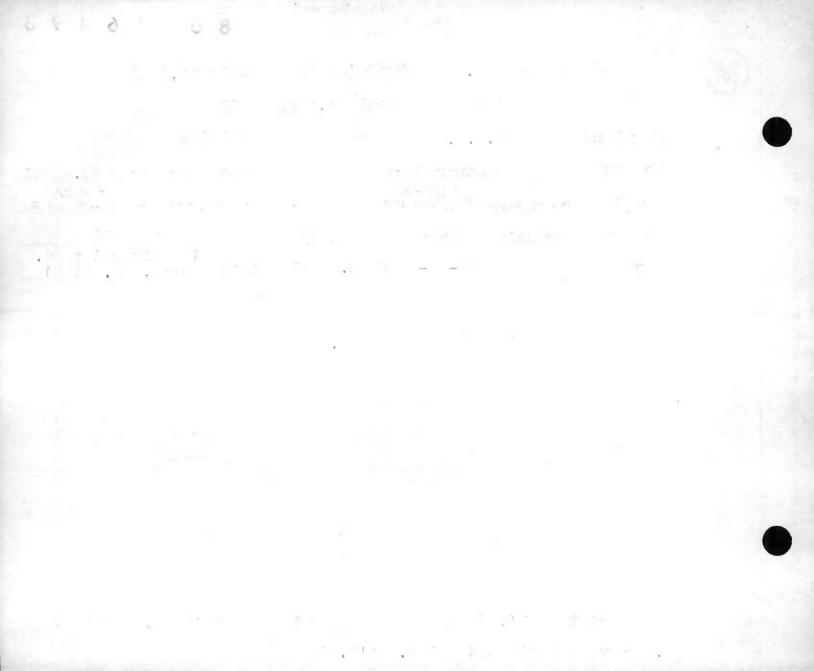
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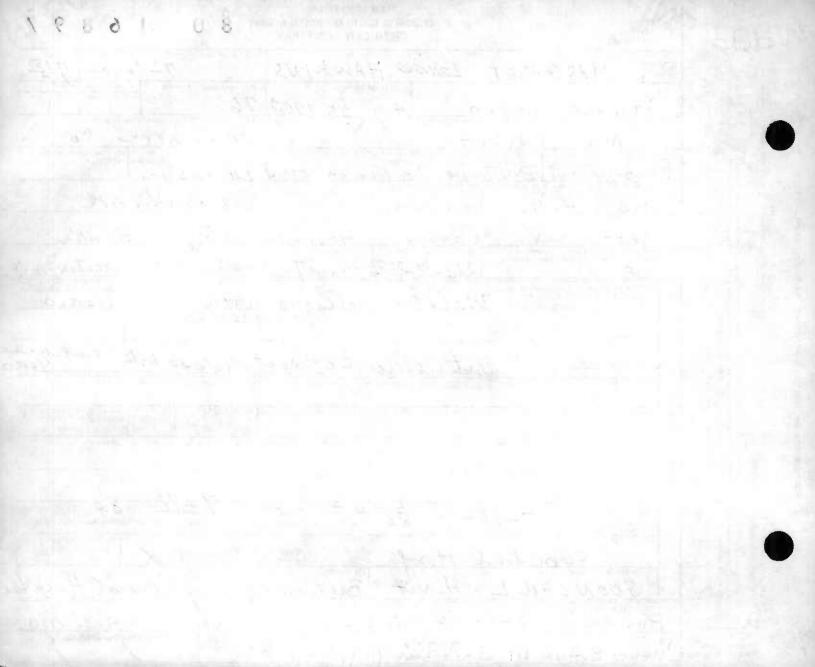
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TO FUNERAL DIRECTOR:

24. FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL (SPECIFY) BUrial

Leonard J. Ruck, Inc.

23b. DATE

Balto .. Md

July 24,1980 West Liberty Church

ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN

West Liberty Baltimore Maryla 250 DATE REC'D. BY REGISTRAR 256. REC STEAR'S SY

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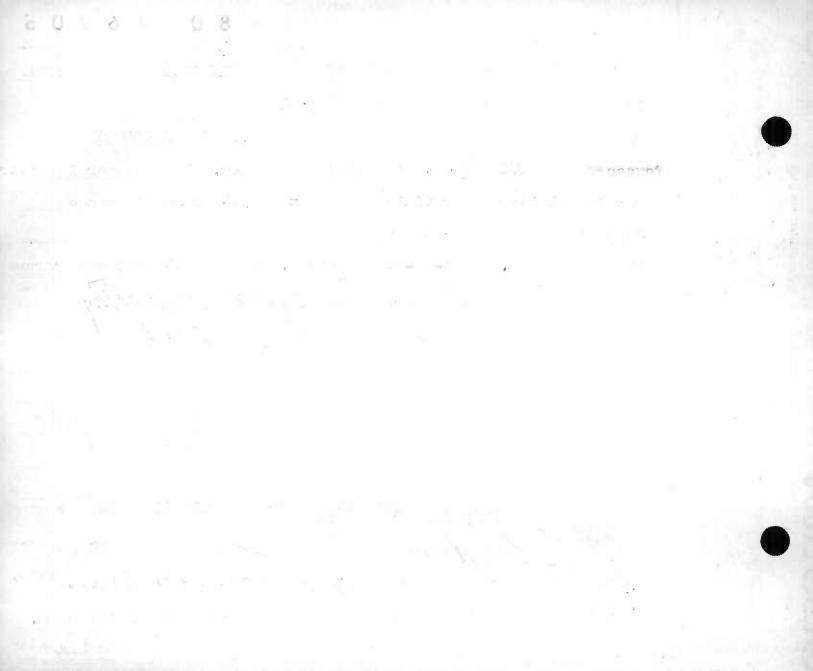
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST WIDDIE DECEASED NAME DATE KNOWN TH 7b HOUR (TYPE OR PRINT) ESTI-15 19 80 HARRY DEATH MATED HERNDON SEX 4. RACE DATE OF BIRTH FUNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1080 male white DEAD Nov To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) IISA Maryland WIDOWED DIVORCED Baltimore County D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Towson St. Joseph Hospital Arborist Tree Care USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1136 COUNTY 13a. STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3550 Roland Avenue Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Harry Herndon Trene Montgomery 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) PAGES Yes 34 1847 Wilma Herndon Non war time Same CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF REMOVAL gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AND CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? RWARDED TO THE CHIE PAGE 3 SHOULD BE USI STATE DEPARTMENT OF 21201 PRIOR TO BURIAL, C OF YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY WHILE AT WORK XIX 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian RAL DIRECTOR deoth resulted Nom: Undetermined monner TITLE (SPECIFY) TO MEDICAL E.
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TO FUNERAL D.
AFTER DEATH, V.
BALTJMORE, MA. Assistant DATE 7-16-80 SIGNATURE Korell, M.D. EXAMINER'S NAME Margarita A. Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial 7/18/80 Poplar Grove Cemetery CockeysVille 24. FUNERAL DIRECTOR 25p. D'ATE REC'D. BY REGISTRAR **DHMH-17** Burgee Funeral Home 3631 Falls Road 21211 (VR A15 ME (5)) 15M7/77

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME ALDDI F LAST 2a. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) HIGGINS JAMES J. 22, 1980 June IF UNDER I YEAR 3 SEX 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH MONTHS DAYS HOURS 7. 1924 T 55 White Dec. Male BALTIMORE CITY OR COUNTY OF DEATH 7e. BIRTHPLACE ISTATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Towson - Baltimore County MD U.S.A. Pennsylvania WIDOWED DIVORCED [126 KIND OF BUSINESS OR 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SECULIE tv Retired Social 1041 Donnington Circle Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13c CITY OR TOWN 1134 INSIDE CITY LIMITS? 13. 1041 Donnington Circle Baltimore Towson NO X Maryland YES T 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST ALIDDLE MIDDLE Marion Kowalska Higgins, Sr. J. James **ADDRESS** 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Josephine S. Higgins 1041 Donnington 141-16-1685 WW 2 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IQ DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last arces PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO. YES F 00 71a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21 R PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OF TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK AT WORK 22a.l certify that (I) (this hospital) attended the deceased from , and that in (my) (der) apinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 274. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Greater Baltimore Medical Center should by with the George Richard, M.D. 234. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Maryland Cockeysville 6-25-1980 Dulaney Valley Burial ADDRESS 1050 York Road 24 FUNERAL DIRECTOR **DHMH-16 25M** Ruck Towson Funeral Home, Inc. Towson, Maryland (VRA 15, 4) 1/79

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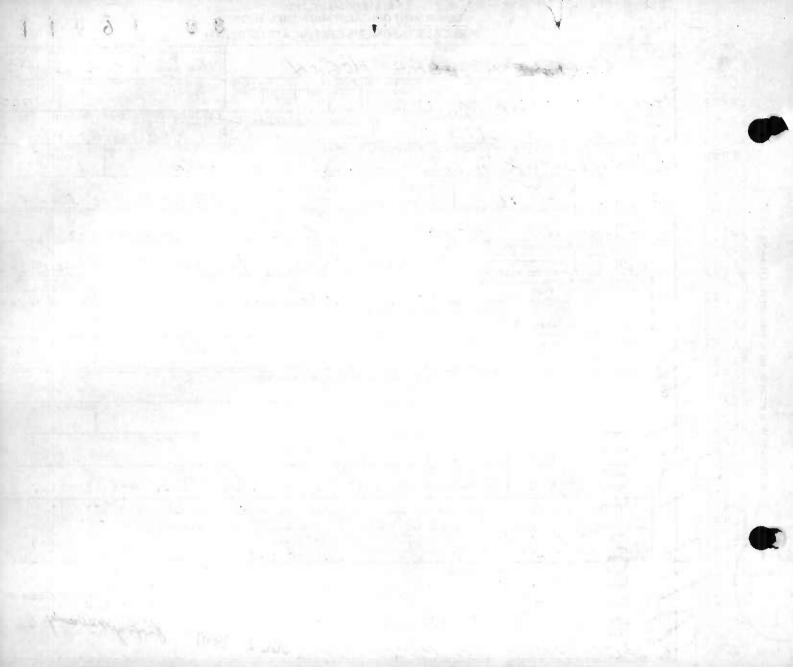
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENT. CERTIFICATE OF DEAT	REG. NO.
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3 SEX 70. BIRTHPLACE (STATE OR FOREIGN	WHITE JUNE 14 18	98 82 YRS MONTHS DAYS HOURS AIM
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& B RANDALL STOWN	DACTO CO-GEN. HOSD.	126 USUAL OCCUPATION (TYPED WORK FOR MOST OF WORKING LIFE) 170 USEW FE
35 I3a STAMD.	ALTO. PIKESVILLE YES NO	608 MILFORD MILL RD.
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- E I 100 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT AVERAGE WAS DELLE FOR A STATE OF THE STATE OF	UKLINS 906 ADANA EP.
유유 등 PART I. DEATH WAS CA	r only one cause per line for (a), (b), and (c), USED BY: DIATE CAUSE (a)	AQQCDENT
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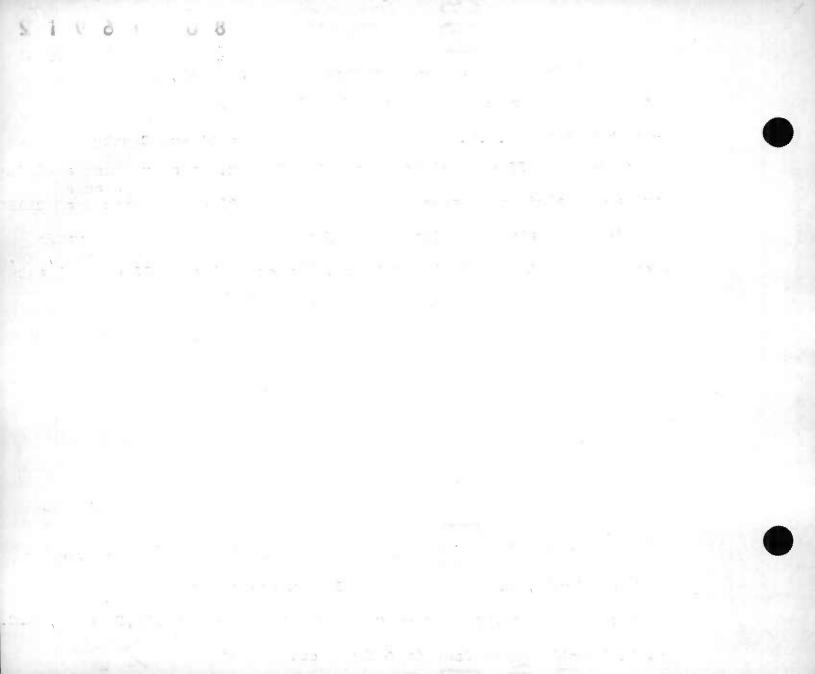
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		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
No.		CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YEAR 76. HOUR
\$ 3 0 E L		CORINE NIVESHA MOGAN DEATH MATED 7	2 1980 7 mm
	3. SE	4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	DAY YEAR 26 HOUR
SSARY, SAL DIR R YOUR HIN 72	-	male NEGROID Sept. 26, 1977 2 YRS. DEAR	2 10 FO 73M
ESS, ERAIN SESTING		IRTHPLACE (STATE OR ARRIED 76. CITIZEN OF WHAT COUNTRY?	TY OF DEATH
NECESSARY, PIL FUNERAL DIRE 5 FOR YOUR 0, WITHIN 72 H W. PRESTON STI	B	alto, Md. U.S. 4. WIDOWED DIVORCED acklemoke	County MD.
PAGE 5 FILED, V	10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 17 MOST OF WORKING LIFE)	OR INDUSTRY
	L	alto County Balto County General Hoso NIA	
0 m & 0 da	13a, S	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JATE 136. COUNTY 136. CITY OR TOWN 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS	
21201 IF ANY 2, AND 3, RETA SHOULD 1, RECOR	Ni	aryland Balto, Balto County YES NO B- 2233 St. Luke	S LANG
MD. 2 ATH. II 5 1, 2, PM 3. ID 2 S VITAL	14. F/	ATHER'S NAME MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE MIDDLE	LAST
E, MD. DEATH. DEATH. SES 1, SP. PM. AND 2		Russell HOGAN Gilda Johns	00
O A A C	16a. V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
ST., BALTIMORE, MD HOURS AFTER DEATH M 18. GNE PAGES 1, NG WITH FORM PM RMIT. PAGES 1 AND 2 RMIT. PAGES 1 AND 2 NE, DIVISION OF VITT		NO NONE Russell Hogan 2233	StLuviesLa
DUR WI WI DIV		18 CAUSE OF DEATH (Enter only one couse per line foc.(q), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST D WITHIN 24 HC ENCIL IN ITEM 1 AMINER ALONG FARANSIT PERMI PERMOVAL.		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) ROWALL C	MINVTES
STO	>	DUE TO, OR AS A CONSEQUENCE OF	
WITHIN WITHIN WITHIN WITHIN WITHIN ACIL IN TAL HYC	1	Conditions, if ony, which gove rise to immediate (b)	
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EXECUTED WITHIN 24 HOLVICAL EXAMINER ALOUGY IN TEM 18 INTER 18 INTER EXAMINER ALONG VENERAL EXAMINER ALONG VENERAL AND MENTAL HYGIENE, FION, OR REMOVAL.	3	(c)	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST. S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HO RITING THE WORD "PENDING" IN PENCIL IN ITEM 1 RDE TO THE CHIEF MEDICAL EXAMINER ALONG E. 3 SHOULD BE USED AS A BURIAL-TRANSIT PREMII E. DEPARRIMENT OF HEALTH AND MENIAL HYGIENE, PRIOR TO BURIAL, CREMATION, OR REMOVAL.	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
L RECORDS ULD BE EXE "PENDING" EF MEDING FOR AS AB HEALTH AP CREMATION	CERTIFICATION		
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FVITAL FE SHOUNDED WORD O BE US ONE US TO THE CHIE	E		YES NO
CERTIFICATE TING THE W ED TO THE DEPARTMENT PRIOR TO BUS		216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 7/2/2 PAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PA UNDERLYING OR	RT 2)
ION C TIFICA 3 THE TO T THOUL HOUL	MEDICAL	CONTRIBUTING CAUSE OF DEATH PROPERTY 7:00 19 no injury	
DIVISIC HIS CERTI WRITING MARTING MARE 3 SH AGE 3 SH AGE 3 SH	MED	216 INJURY OCCURRED 216 PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.), STREET 2233 St. Luces In Randa Randa	UNTY STATE
WARE TATE		AT WORK	illstown,
DIVISION OF VITAL INER: THIS CERTIFICATE SHOU ICATE, WRITING THE WORD." E. FORWARDED TO THE CHIE TOR: PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF H ND. 21201 PRIOR TO BURRIAL, C		22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquity . Inquity . Inquity . Inquity .	Ma. 21207
EXAMINER: CERTIFICATE, JUD BE FOR DIRECTOR: DIRECTOR: ARYLAND, 21		death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined monner .	
XXXX ID I I I I I I I I I I I I I I I I I I		THE (SPECIFY)	. / /-
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DIC A SE TE			6.
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORF TO FUNEAU DIRECTOR: P AFTER DESTR. WITH THE SI BALTIMORE, MARYLAND 21		EXAMINER'S NAME C. C. WILLIAM SON WADDRESS 5330 BALTONA	TWIKE
EXECT PAGE TO	23a.B	URIAL, GREMATION, REMOVAL 136. DATE 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN	NTY STATE
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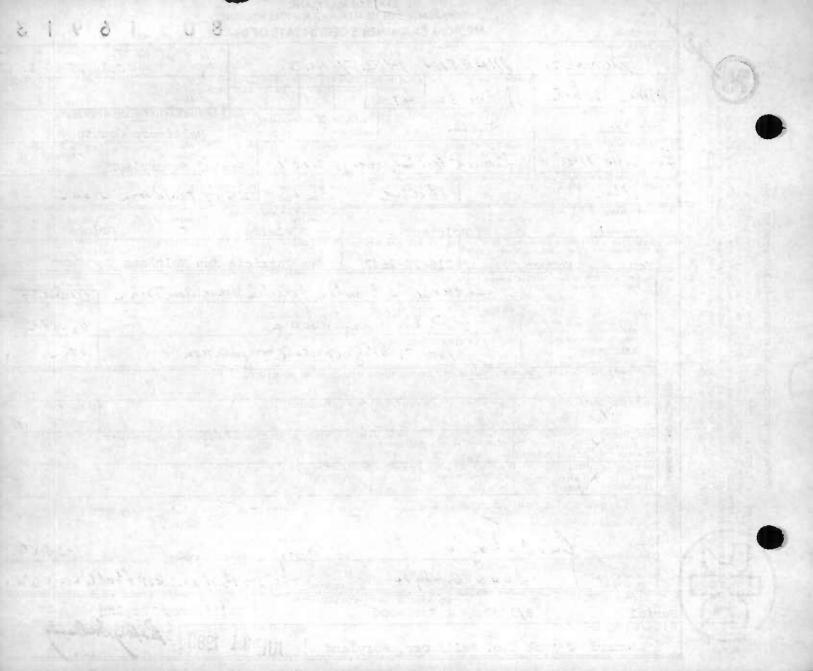


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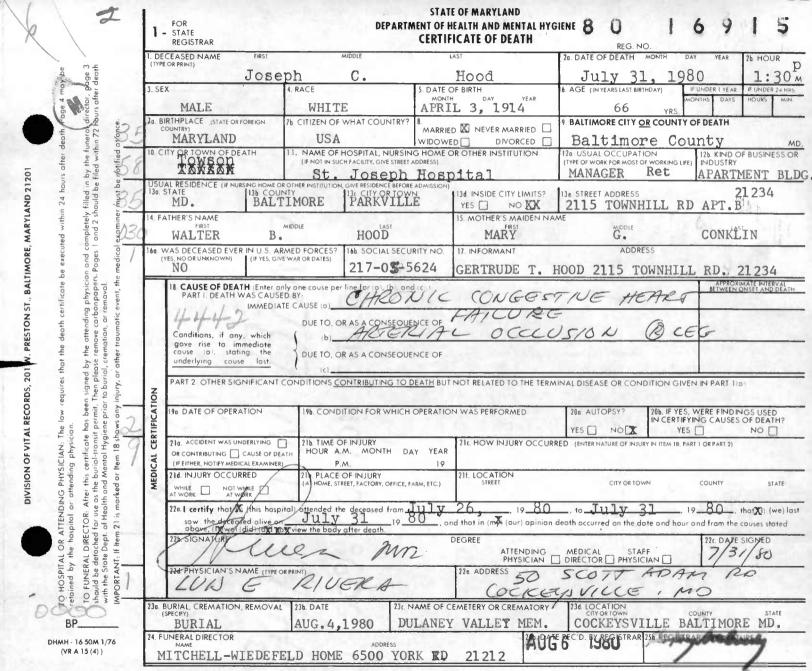


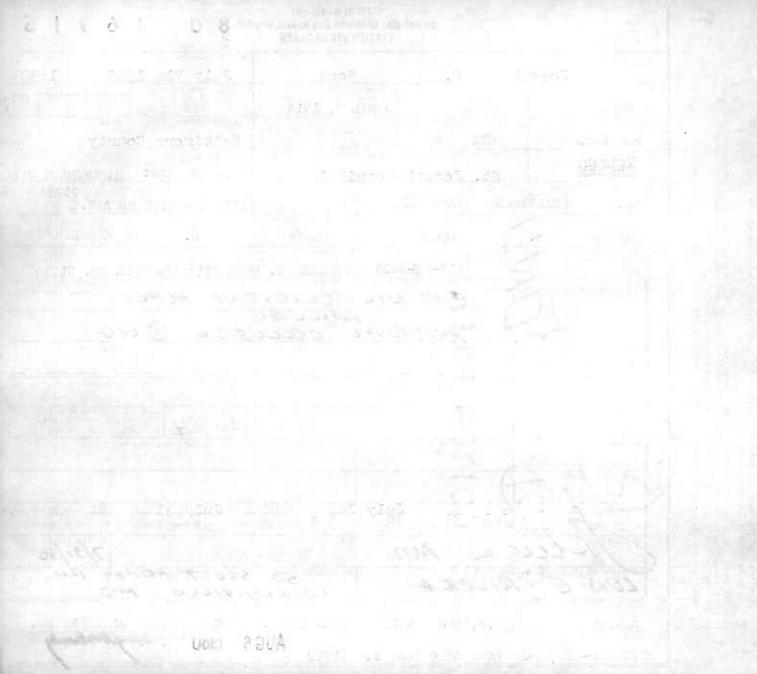
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN [X] DAY 76 HOUR LIYPE OR PRINT OF ESTI-MARTIN ONALD 8:05F July 29 80 IF UNDER 24 HRS DAY 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED 32 DEAD 47 YRS TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH Mary land MARRIED NEVER MARRIED U.S.A. WIDOWED [DIVORCED Baltimore County IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Postal Supervisor USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE 130 STATE mal 131 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO T IL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE C Grimes Adelaide Martin **Holthaus** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) I HE YES, GIVE WAR OR DATES Mrs Patricia Ann Holthaus Same Korean 216-28-2647 18 CAUSE OF DEATH (Enter anly ane cause per line far, (a) (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardis Vasculus Denie 11MCLL DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME II. LOCATION STREET, FACTORY, FARM FTC STREET CITY OR TOWN STATE COUNTY MOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted fram: Notural causes Homicide Undetermined manner TITLE (SPECIFY) ACTUAL FXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, MA SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATOR' Burial Baltimore, Mary Tand 8/1/80 Parkwood 250. DATE REC'D. BY REGISTRAR 256. RESISTAR'S STATES 24. FUNERAL DIRECTOR **DHMH** - 17 (VR A15 ME (5)) J Ruck Inc. Baltimore, Maryland Leonard 15M 7/77



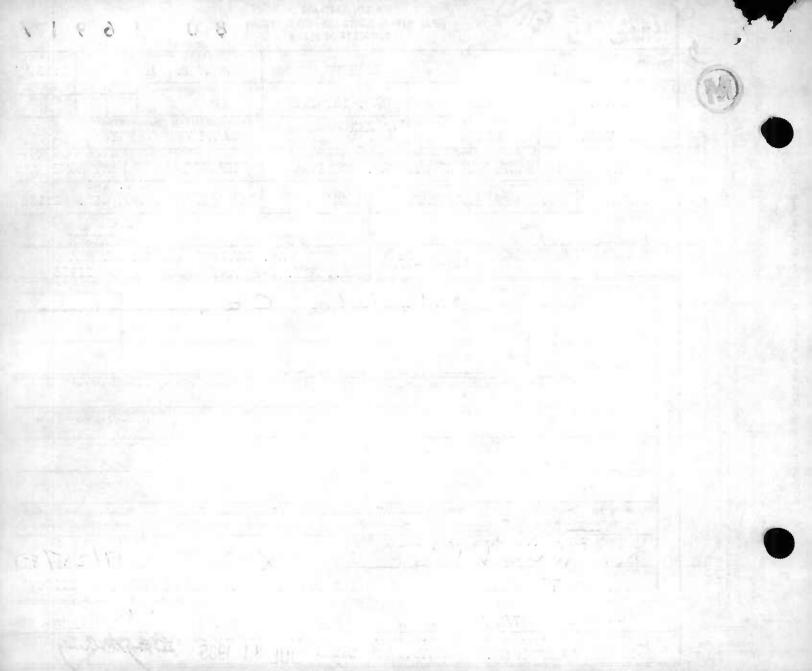
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级牌 /		COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED		OR COUNTY OF DEATH	
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53/		MI) BA	TO ESSE	X YES NOXO		DOOLITTLE	RID
exa	14. F	ATHER'S NAME		15 MOTHER'S MAIDEN NAM	ME		934
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he /		YES, NO OR PHICHOWN) IN YES, GIVE	WAR OR DATES)		Home	4 200 K	DROAD
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eve	0	18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly ane cause per line far (a), (b), a	ind (cv)		BETWEE	OXIMATE INTERVAL EN ONSET AND DEAT
rem		IMMEDIAT	E CAUSE (a) Severe	Bilateral Bronchor	neumonia		
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nati		Canditions, if any, which gave rise to immediate	(b) DI Offer	rectasis, ruimonary	Lmpnysema		
crem		cause (a), stating the	DUE TO, OR AS A CONSECU	UENCE OF		ALL DEPT. TO	
y, o		underlying cause last	(c)				
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or to	CERTIFICATION						
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1/9	1 1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURR			
lental H		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR			
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and M	1 9	21d. INJURY OCCURRED	21a: PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
th a	2	AT WORK AT WORK					
is		220.1 certify that (K)(this haspit	tal) attended the deceased from	July 8, 1980	July	19, 19, 80	, that M (we) la
3 of H	1	yaw the deceased alive an	July 19, 1980	, and that in (Mg) (aur) apinian a	death accurred on the d		
ot. o	18	abave, (K) wel (did) (did a)	view the bady after death.				70000
- De	1	11/21	200	DEGREE ATTENDING	MEDICAL STA	EE	TE SIGNED
NT	1	2 xin	Jours .	PHYSICIAN [DIRECTOR PHYSI	CIAN [Ju]	ly 19, 1
TA	1	274 PHY LIAN'S NAME (TYPE	PRINT	22e ADDRESS	1 1 1 1 1		
with the State Dept. o		Ronald J. Cris	6. M.D.	9000 Frankli	n Square D	rive 21237	
IMP -	22.	<u> </u>			1236 LOCATION	1146 5757	
	730	BURIAL, CREMATION, REMOVAL	A - 10 - 10	NAME OF CEMETERY OR CREMATORY		COUNTY	part.
	1	Sunal Beyer	Tr. I YOLE . I.	PARV	LKE-VO3	E Bycks,	76
H-16 25M	24	UNERAL DIRECTOR	6010	REISTERSTOWN & 260 DATE	REC'D BY REGISTRAR	150 RECETTION'S SUCH	Distractly
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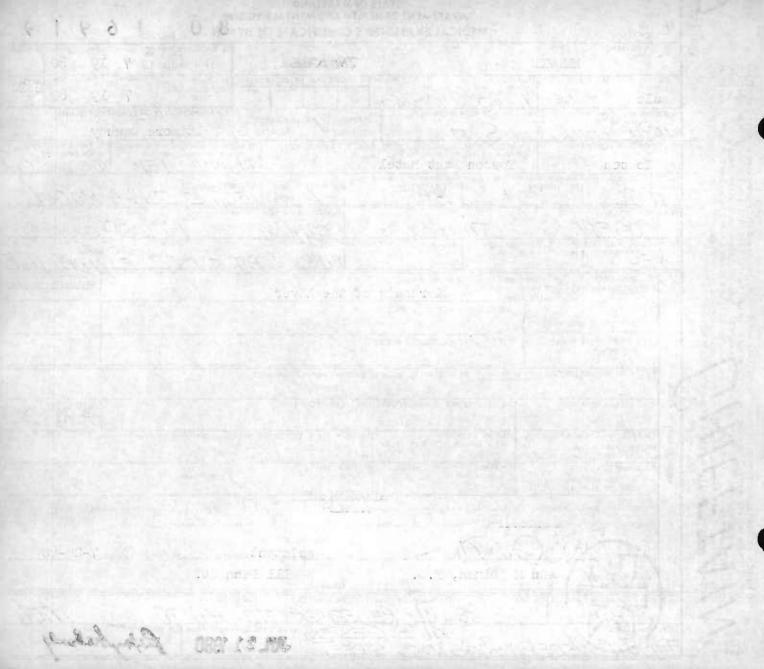
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	FOR			SER A RYAMEN		MARYLAND	IIVOITAIT.				
	STATE REGISTRAR					CERTIFICATE)	16	9 1	8
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3 SEX		White	Nov. 17,			ONDER 1 YR. IF UNDE	R 24 HRS. 2c. DA MIN. PRONO DE	UNCEDI	MONTH	13198C	8 4 M
7a. Bi	RTHPLACE (STATE OREIGN COUNTRY) Maryland		U.S.A.	IAT COUNTRY?		RIED NEVER MARI	RIED 🔲	MORECITY O	-/		MD
	ITY OR TOWN OF I Baldwin	DEATH		PITAL, NURSING CILITY, GIVE STREET AC BOL Manc	DRESS)	THER INSTITUTION	FOR MOST OF W	UPATION (TYPE ORKING LIFE)	OF WORK		USINESS TRY
13a. S	AL RESIDENCE (IF IN TATE aryland	135 COUNT	OTHER INSTITUTION, GIV	13c. CITY OR TO Baldwi	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO X		RESS Manor			
	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	DEN NAME	MIDDLE		LAST	
_	William WAS DECEASED EV	FRINIIS ADAA	ED EODCES2	Isennoc		Elizabe	th	ADDRESS	Amı	rein	-4
{Y	ES, NO. OR UNKNOWN)	(IF YES, GIVE W	'AR OR DATES)	220-14-		Mr. Richa	rd Bevans		Manor	r Road	
NOI	lying cause to		DNTRIBUTING TO OEATH B	OUT NOT RELATED TO	THE TERMINAL DISE	ASE OR COHOITION GIVEN IN P.	ART I (a).				
CERTIFICATION	190. DATE OF OPI	ERATION	196. CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED?				20. AUTOPSY	NO 01
MEDICAL CER	210 EXTERNAL C. UNDERLYING (CONTRIBUTING)	OR CAUSE OF DE	EATH P.M.	MONTH DAY	YEAR	HOW INJURY OCCURR	ED (ENTER NATURE OF	INJURY IN ITEM 18 P	PART I OR PART	T 2)	
MED	21d. INJURY OCC WHILE NO AT WORK AT	OT WHILE T		OF INJURY (AT H ORY, FARM, ETC.)	OME, 21f. Ú	OCATION STREET	CITY OR	IOWN	COU	NTY	STATE
	220. I certify th death resulted for ACTUAL SIGNATURE	China Control of	of the remains desc	ribed above, hel	d an Auto Suicide	PSY , Inspection, Hamicide , TITLE (SPECIFY)	Undetermined MEDICAL EXA	manner .	d in my opi DATE SIGNED	7/13/	180
	EXAMINER'S NAM (TYPE OR PRINT)				17	_ADDRESS					
23a.B	URIAL, CREMATION					OR CREMATORY	23d. LOCATION CITY OR TOWN	timore	COUNT	Marylå	ind
	Burial		7-16-1980	MO	reland	Memorial	Dal	CTHUTE			
24. FI	UNERAL DIRECTOR	R	ADDRESS		York R	250 DATE	REC'D. BY REGIST		STRAR'S SK	GNATURE	

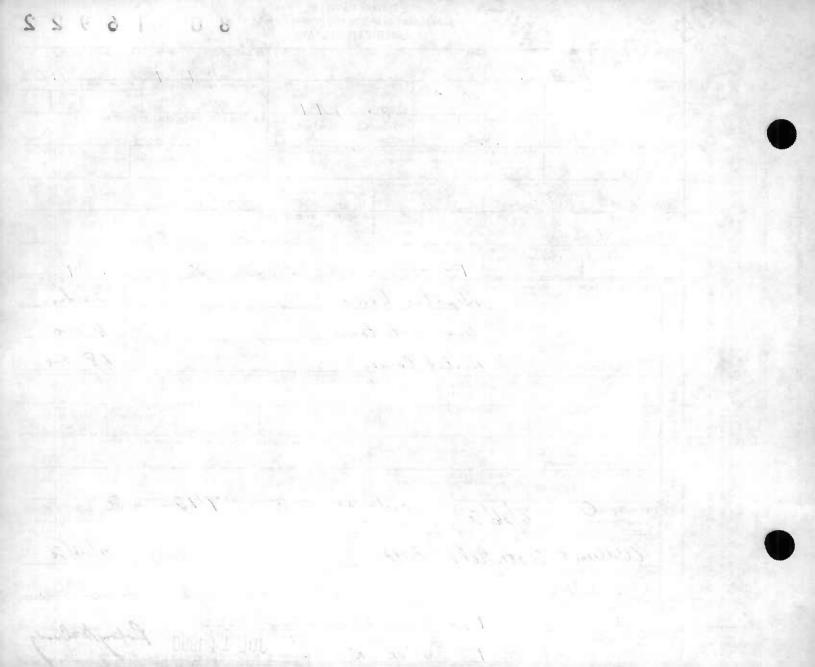
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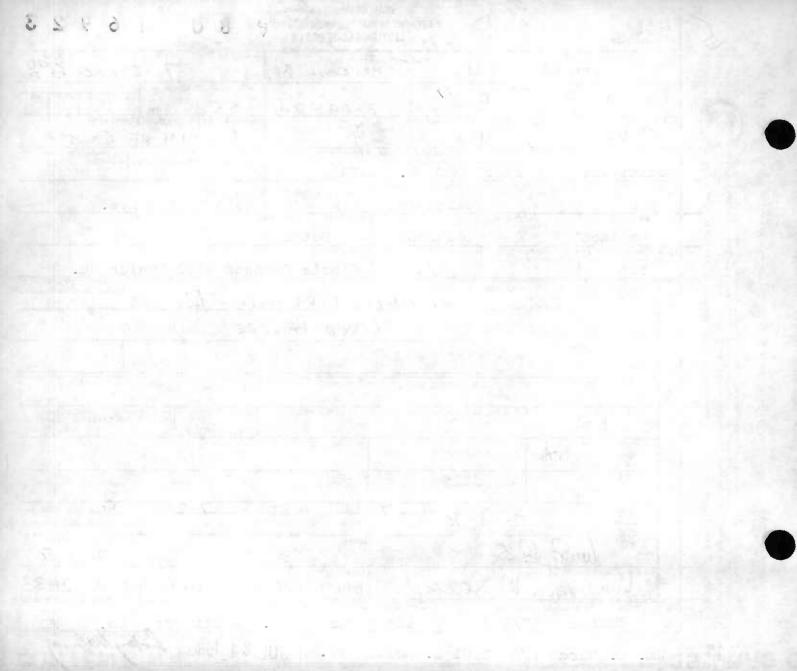
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN K 2b. HOUR MONTH DAY YEAR (TYPE OR PRINT) ESTI-JABKOWSK 19 80 MELVIN R FILES. HOURS STREET, DEATH MATED SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. YEAR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 1,80 male white DEAD YRS TO BIRTHPLACE (STATE OR LOUNTRY 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DELAY IS NECES
TO THE FUNER
PAGE 5 FOR
BE FILED WITH Baltimore County WIDOWED DIVORCED IB. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION **OR INDUSTRY** 3. RETAIN PASHOULD BE F Towson East Motel Towson USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13d. INSIDE EITY LIMITS? 13. STREET ADDRESS NO/L ORWIAL F 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT ADDRESS DIVISION (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BURIAL TRANSIT PERMIT. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY HYGIENE Cirrhosis of the liver IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF AND MENTAL HYCON, OR REMOVAL Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) MEDIC, E USED AS A 4 CERTIFICATION 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? BURIAL, **DIVISION OF VIT** 3 SHOULD BE DEPARTMENT C NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING 0 MEDICAL CONTRIBUTING CAUSE OF DEATH P.M PRIOR 21e. PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 21201 DIRECTOR: 22a. I certify that I took charge of the remains described above, held an Inspection and in my opinion ARYLAND, death resulted from: Accident Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, V BALTIMORE, MA Assistant MEDICAL EXAMINER 7-20-80 SIGNATURE Ann M. Dixon, M.D. 111 Penn St. EXAMINER'S NAME TYPE OR PRINT **ADDRESS** 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY BP 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REC-**DHMH-17** VR A15 ME (5) 15M 7/77



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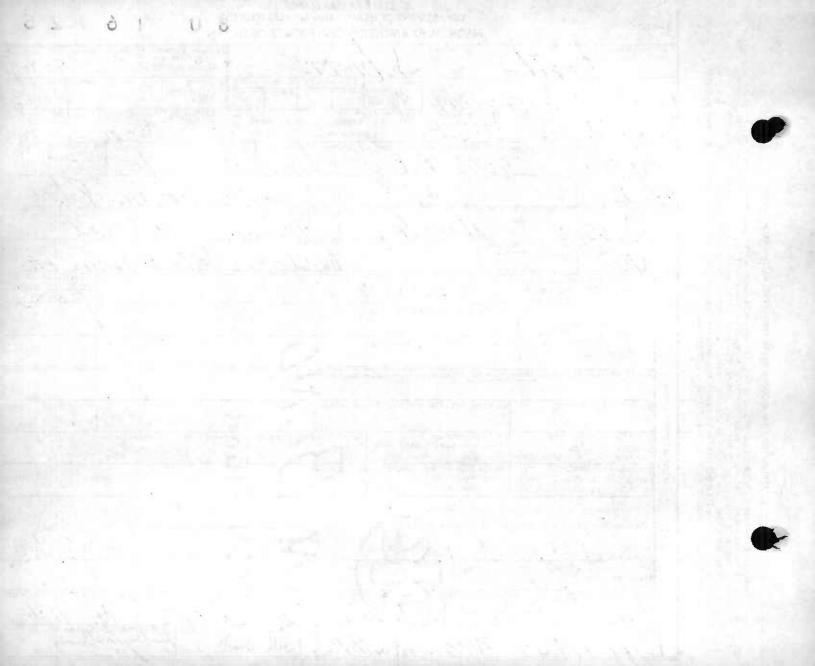
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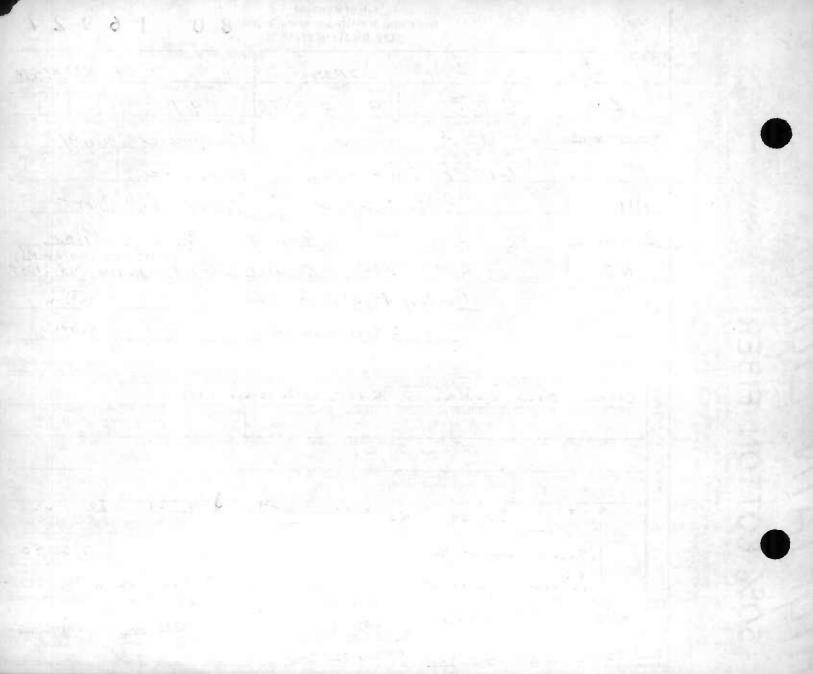
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- 36 W 15 W	10 B	IRTHPLACE ISTATE	ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY O	OR COUNTY OF BEATH
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7.3	10.0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME, OR OTHER MISTITUTION 120. USUAL OCCUPATION (TYPE	E OF WORK 12h. KIND OF BUSINES
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ANY DEL AND 3 TO RETAIN P ECORDS		STATE 136. COUNTY	136. CLY OR TOXING 138 INSIDE (ITY LIMITS? 13e STREET ADDRESS	1 015
AND	YA	gru/and	15A/10, YES NO 15/308 A/1	The Da.
2 24 1 2 2	14. F	ATHER S NAME MIDE	DLE LAST IS. MOTAER'S MAIDEN NAME FIRST MIDDLE 1	// LAST
RE, MD DEATH GES - L AND 2 OF WITA		JOSSIA, MIDE	HAMMAY MINNE HA	FAMOU
2 M 2 M - V	160	WAS DECEASED EVER IN U.S. ARMED F	ORCES? 166. SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	1
M H A S S S S S S S S S S S S S S S S S S	C	YES, NO, OF ENKNOWN) (IF YES, GIVE WAR OF	RDATES) The Charles Flor To 110	levis Tours / B
BALTIMORE URS AFTER DE G. GWE PAGE WITH FORM PAGES I AN DWISION OF		NO	1111. CIPMED T CHALLES 1.08	APPROXIMATE INTERVAL
3 20		18. CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	cause per line for (a), (b), and (c).)	TWEN ONSET AND DEATH
STON ST., IN 24 HOL IN ITEM 18 7 ALONG MYGENE, 18	1	IMMEDIATE CAI	USE (o) 43 CV D	TORKS
		4272 (DUE TO, OR AS A CONSEQUENCE OF	V
W. PRESTON WITHIN WITHIN WITHIN TRANSIT PATAL HYST REMOVAL		Conditions, if any, which	(L)	1
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5,301 W. PREST ECUTED WITHIN ALL EXAMPLER AL BURIAL TRANSIT IND MENTAL HY DN. OR REMOVAL	1	lying cause last.		
25, 30 XECU G" IN BURI BURI BURI ON, C		\	(c)	
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0 "73472	CERTIFICATION			
	3	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
TA CHE CHE	E			YES NO
OF VITA	7 8	TIE EXTERNAL CAUSE WAS	216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
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S CERTFICATE 5 CERTFICATE 5 TIMES THE WO DEED TO THE E 3 SHOULD RE E DEPARTMENT PRIOR TO BURN	MEDICAL	CONTRIBUTING CAUSE OF DEATH	H P.M. 19 21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	
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		22s. I certify that I taak charge of the	he remains described above, held an Autopsy , Inspection , Inquiry , an	nd in my apinian
EXAMINER EXAMINER CERTIFICATE ULD BE FOR WITH THE 1	1		uses . Accident . Suicide . Hamicide . Undetermined monner .	,
XAMI ERTIFICIONE WITH ARPLA		death resulted from Notural cou		
X S G E S A	1	ACTUAL /////	TUTE (SPECIFY)	DATE 761/80
4 # 5 4 F F -	-	SIGNATURE POUR	M.D. MEDICAL EXAMINER	SIGNED
OR TEN	2	EXAMINER'S NAME & Q.	1.1-11: A ST 156 10 10 10	Vanil Riva
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TO MEDICAL E EXECUTE THE PAGE A SHOUL TO FUNERAL I AFTER DEATH.	23a.1	BURIAL CREMATION REMOVAL 234-DA	ATE 236 MAME OF CEMETERY OF CREMAPORY 236 LOCATION	12-8 Chang
0000		Burial 1-	25-80 Million Com. 10 Alt	100
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DHMH - 17 (VR A)5 ME (5))		NAME 2006 / //15	5 2022 WW. North Ale JUL 28 1980	Try Mc Creedy



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. 1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.	6 9 2 1
1. D	ECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DE OR PRINTS DONES 7 6	29 80 5:55 PM
3. S	Februle Trace White S DATE OF BIRTH MONTH DAY SEASON 1 888 97 YEAR 97 YEAR 1 888 97 YEAR 1 888 97 YEAR 1 888	MONTHS DAYS HOURS MIN.
JA I	BIRTHPLACE ISTATE ORFOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY COUNTRY BOTTOM BOTTO	County MD
00	17. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (ITYPEOF WORK FOR MOST OF WORKING I HOUSEWIFE) Towson (615 Chestnut Ave. Housewife	12b. KIND OF BUSINESS OR INDUSTRY
3 5 130		Calvert
500	There's name is mother's maiden name first that foreman is mother's maiden name first that the same is mother name first that the same is mother's maiden	Price
2 160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 18 (YES, NO OBUNNOWN) (IF YES, GIVE WAR OR DATES) 212-18-0675 EUNICETKOLD Kings	JerusalemRd, ville, Md.21081
event, 11	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerroro W23 culze Accident	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3022
oner neemen	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	yezrs
injury. o	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G Chronic Brain Syndrme - un responsive stace 1978	IVEN IN PART 110
8 shows ony injur	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\text{NO} \)
- 8	210. ACCIDENT WAS UNDERLYING ACCOUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE AT WORK AT WORK CONTROL AT WORK CON	COUNTY STATE
lem 21 is me	220. I certify that (#+(this haspital) attended the deceased from 300. 19 67, to 19 29 sow the deceased alive an 300. 19 60, and that in (my) (and apinion death accurred on the date and haspare, (**(we) (did) (did mail view the body after death.) 22b. SIGNATURE. DEGREE	22c. DATE SIGNED
IMPORTANT: If H	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	7/30/80 ruson 10 2120
23a	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY CITY OR TOWN CITY OR TOWN	COUNTY - PAGE PAGETATE
76	FUNERAL DIRECTOR ADDRESS TOWSON, Maryland 1050 York Road AUG 1 980 TOWSON, Maryland	Sear's Synay Revised



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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE I. DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) Estella Η. 80 8:05 Joseph 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS White MONTH DAY 02 85 HOURS Caucasian Female 70 BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County Lithuania U.S. DIVORCED [WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR M NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWITE House in the Pines Catonsville Catonsville USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21218 Balt. Md. 136 COUNTY 13c CITY OR TOWN 702 E. 3 \$134. INSIDE CITY LIMITS? Baltimore Maryland YES X NO [4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Louis Kripis Rose Not Known 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** Balt., Md. 21218 Friend: (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 213-34-3559 Aileen Woollen 702 E. 37th St. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for the har and it PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), Canditions, if ony, which gave rise to immediate couse (a), stoting underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED shows 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [YES 🗍 21m ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 71e PLACE OF IN HIRY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE WHILE 220.1 certify that (1) (this hospital) attended the deceased from and hat my (our) opinion death accurred on the date and hour and from the couses stated above, If (we) (did) (did not) well the body of endeath 226 SIGNATION 77L DATE SIGNED DEGREE ATTENDING MEDICAL STATE 22d. PHYSICIAN'S NAME THE COMME 22e ADDRESS 5404 East Drive, Baltimore, MD Dr. Herbert Levickas 23g. BURIAL CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN (SPECIFY) Burial Jul 22 1980 Most Holy Redeemer Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 250. REGISTAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 25M Leonard J. Ruck, Inc. Baltimore, Maryland (VRA 15, 4) 1/79

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		CEASED NAME FIRST	MIDDLE	LAŠT	24 DATE OF DEATH MONTH DE	AY YEAR 26 HOUR
ge 3	,,,,,	MARY	E.	JOYCE	July 18, 1980	8:15a M
officer of	3 SE	X FEMALE	CAUCASIAN	S DATE OF BIRTH	70	F UNDER I YEAR IF UNDER 24 HRS
ours ours	7e B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?		BALTIMORE CITY OR COUNTY	OF DEATH
n 72 h		ENNSYLVANIA	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	□ Baltimore County	MD.
by the fed within	R	OSSVILLE	FRANKLIN SQU		170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE SCHOOLTEACHE	126 KIND OF BUSINESS OR INDUSTRY SCHOOL
Miner m.	USU MA	AL RESIDENCE (# HURSING HOME O STATE TRYLAND BAL	NOTHER INSTITUTION, GIVE RESIDENCE BEFOR	ALE YES NO.	13. STREET ADDRESS 8420 ROCKY MC	UNT RD.
lexal example (14. FA	PATRICK	Mc ANDI	REW BLANCE	NAME	PLÝNN'^S'
the med	160 V	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 1871211		ADDRESS	
any injury, or other tra	ION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) THE CONDITIONS CONTRIBUTING TO	Renal fail ENCE OF Renal de	rminal disease or condition give	
8 shows an	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIFY	WERE FINDINGS USED YING CAUSES OF DEATH?
Mental Hygiene		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER	ATH HOUR A.M. MONTH D.	AY YEAR 19	URRED JENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)
is marked o	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
tem 21 is n		saw the deceased alive or above (1) (we) (did) (did no	nital) attended the deceased from n 7 7 19 3		on death accurred on the date and hour	
he State Dep		10	ou		MEDICAL STAFF DIRECTOR PHYSICIAN	7/18/80 7/18/80
With the Sta			OSELH HAROU	10 Ploi Fra	uklin square Dr	
3 =	23a	BURIAL ENDALION REMOVA	- 4 10	T. JOSEPH	LOCUST GAP NO	RTHUMBERLAND
H-16 25M I5, 4) 1/79	24 F	UNERAL DIRECTOR	1211 Ches	1 2 1237 25g	PATE RECID. BY BEGISTEAR 25% REGISTE	RAR'S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

Wm CMMarch F/H

(VRA 15, 4)

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	1	FOR - STATE REGISTRAR		DEPART		IEALTH AND MENTAL HYG FICATE OF DEATH	REG. N		6 9	3 2
			RST	MIDDLE		LAST	2R DATE OF DEATH		YEAR 2	h HOUR
ath ath	(11	PE OR PRINT) Selt	astian	Henry	K/	MIL	July 19, 19	980	4	:10 pm
1	3.5	EX	4 RACE		5 DATE		6. AGE JIN YEARS LAST BIR	HDAY) IF U		F UNDER 24 HRS
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	70.	BIRTHPLACE (STATE OR FOREIC	N 76 CITIZEN	OF WHAT COUNTRY	1 11 1 1 1 1 1	D NEVER MARRIED	BALTIMORE CITY		DEATH	
一部 当人	2	Maryland		U. S. A.	WIDOWI		Baltimore (County		MD.
no ith	10	CITY OR TOWN OF DEATH		OF HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	12ª USUAL OCCUPAT	ON I	26. KIND OF	BUSINESSOR
the set w	7 I	Rosedale	Fra	nklin Squa	re Hos	nital [6.tio	Farmer	F WORKING LIFE)	NDUSTRY Self-en	nployed
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miner	130	Md. B	county altimore	Perry	fall	134 INSIDE CITY LIMITS?	3875 Schr	oeder Av		21128
2 sho	14.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		AAST	1-1-1
and 2	L	George		Kahl		Mary			urnkä	
es 1	16R	WAS DECEASED EVER IN L	J S ARMED FORC	ESI		17 INFORMANT				Md-51158
Pag t, th		no		218-07-2	2468	Mrs. Anna M	. Kahl, 387	5 Schroe		
oval.		18 CAUSE OF DEATH IE	nter only one cous	e per line far (a), (b), a	nd (c).)				APPROXIMA BETWEEN ON	SET AND DEATH
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rial,				c)						
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sho	E						YES NOS	IN CERTIFYING		F DEATH?
HV9	1 %	210. ACCIDENT WAS UNDERLY	ING 21b. TI	ME OF INJURY		TIC HOW INJURY OCCUR			,	
tral		OR CONTRIBUTING CAUS	COI OCAIII		AY YEAR					
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and	¥	WHILE NOT WHILE	LATHO	ME. STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	vN (OUNTY	STATE
s milth		AT WORK AT WORK			Tuno	1 30 10 80	July 19		80	-
Use Hei		22s I certify that X (this	s hospital) attende	ed the deceased from.	June 80			, 19	80 the	at(t) (we) last
en of	1	saw the deceased o above, X (we) (did)	Advat) view the	bagy offer death.	00 . 01	nd that in (m) (aur) apinian i	death occurred an the d	ate and haur one	d fram the co	uses stated
hed for u Dept. of If Item 2		226. SIGNATURE	0101	Of a		DEGREE			22c. DATE SI	GNED
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				STATE OF MARYLAND		
	1	FOR - STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 0	1693
	1. C	PECEASED NAME FIRST (PE OR PRINT)	MIDDLE	LAST	20 DATE OF DEATH	NONTH DAY YEAR 26. HOUR
SA SE		GFRALI	n lee	KELLEY		7 29 80 11:55
nce.	3. 3	Male	White	S. DATE OF BIRTH MONTH Nov. 17, 1936	6. AGE (IN YEARS LAST BIRTH	(DAY) IF UNDER 1 YEAR IF UNDER 24 H MONTHS GAYS HOURS MIN
neral direct 72 hours	F 70.	BIRTHPLACE ISTATE OR FOREIGN COUNTRY Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DNORCED	Baltimore City OF	COUNTY OF DEATH more Coun ty
in by the funer filed within 72	6	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) CHRLES ST.	12a USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE! 17b. KIND OF BUSINESS OF INDUSTRY Md. State Ho
y filled in rould be fill	5 13	UAL RESIDENCE (IF HURSING HOMEO STATE Md. 136 COU	Balto. Give residence before NY Balto. Owings	Mills 134 INSIDE CITY LIMITS?	13. STREET ADDRESS 103 Dorg	ate Road
control with a secure of the s	38	FATHER'S NAME James W	verdon Kelley	15. MOTHER'S MAIDEN NA Doris	Fisher	
ficate be execusion and concers. Pages 1 and concern, the medes to the medes of the media of the medes of the media of the	1 160	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GN	RMED FORCES? 16 SOCIAL SECULATION SECULATION SOCIAL SECULATION SEC	036 Alice R. Kel	103 Dorg ley Owings M	ate Road, ills, Md.
The law requires that the ehas been signed by the att elemint. Then please remove ne prior to burial, crematishows any injury, or other	2 TO THE CALLON					
cian. cian. ficate han nsit pern Hygiene	싀ᅤ				YES NOW	YES NO
PHYSICIAN: 1g physician. this certificate urial-transit pe Mental Hygiei d or Item 18 s				AY YEAR	RED (ENTER NATURE OF INJUR	y IN ITEM 18, PART 1 OR PART 2)
DING ttendii After s the b th and marke	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	CITY OR TOW	
L O D WIT I		saw the deceased alive as	at) view the bady after death.	DEGREE	death accurred an the da	19 te and haur and fram the causes stated 27c. DATE SIGNED
ALSA ATTE the hospital or ALOIRECTO stached for use te Dept. of He IT: If Item 21		Apparas	N. V. Vangar	M-D ATTENDING	DIRECTOR PHYSIC	
TO HOSPITAL 57. A retained by the hospi TO FUNERAL OIRE should be detached for with the State Dept. of IMPDRTANT: If Item	/	Apparae 224 PHYSICIAN'S NAME (TYPE	/	27: ADDRESS		AN (X) 1 30 80

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-1		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE POR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
15/16		MEDICAL EXAMINED'S CEDITICATE OF DEATH	
- 613		REG. NO.	OLIB
	W at . i V) =	(TYPE OF PRINT)	3
	PLEASE ECTOR FILES. HOURS STREET,	SEX TARACE IS DATE OF RIGHT TO AGE (IN YEARS OF LINDER) YE INDER 24 HDC	OLIR
	OR OR ST	MONTH DAY YEAR LAST AND THE STATE OF THE STA	2m
70	SSAR AL D YO HIN 7	A RICHPLACE (STATEOR) 7/2 CITIZEN OF WHAT COUNTRYS IS	M
Fi	S NECESSARY, PLEASE FUNERAL DIRECTOR 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET.	MARRIED NEVER MARRIED MA	
80	IS N E S E S E	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 120. KIND OF BUSINESS	MD.
0.	DELAY IS N TO THE FI V PAGE 5 BE FILED, SS, 301 W	TOWSON ST. JOSEPHS HOSPITAL PROPERTY OR INDUSTRY Nusician OR INDUSTRY	
5 -	ANY DE AND 3 T RETAIN COULD B ECORDS	SUAL RESIDENCE (IF IN NURSING IN A CONTRE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136. CITY OR TOWN 136. INSIDE (UPTIMITS? 136. STREET ADDRESS #PT. 304	
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	DEAT SES 1 M PA AND AND	John Kelly Irene L. Carroll	
E WO	FORM FORM FORM FORM FORM FORM ON OF	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
Film GE	URS AFTE B. GIVE P WITH FO WITH FO DIVISION	No 217-09-5247 Gertrude Kelly (Wife) SAME	
1	2007	18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) PART I DEATH WAS CAUSED BY:	
cate	49064	PSS — IMMEDIATE CAUSE (a)	12
	= 2 = - 4	Conditions, if any, which	/
¥. P	UTED WITHIN N PENCIL IN EXAMINER A INTELLIBRANSIT MELTRANSIT MENTAL HYOOR REMOVAL	gave rise to immediate (b) (b) (CONSEQUENCE OF	
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ce bs, 3	EXECUTE NG" IN P ICAL EX. A BURIAI I AND M	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (4)	=
nal ce	AED AED AED AED AED ALTH		
gina.		196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NOTE: NOT	
· C	ATE SHO S. WORD THE CHIE LD BE US AENT OF BURIAL,	YES NO.	<u>x</u>
rom originision of vir	CERTIFICATE STING THE WO SED TO THE 3 SHOULD BE DEPARTMENT RIOR TO BURING TO BURING TO BURING THE STILL STIL	216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY UNDERLYING OF WAS HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	
E NOIS	CERTIFICATION THE	S CONTRIBUTING CAUSE OF DEATH P.M. U/4 10980 / 2// 3/ HOME	
from	S CER RDED RDED E 3 S E DEP	216 INJURY OCCURRED 210 PLACE OF INJURY (ATHOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STA	ATE
4-1	R: THIS C TE, WRIT DRWARD : PAGE : STATE 21201 PI	AT WORK AT WORK	
added	= - U & W 1	22e. I certify that I taak charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my apinion	
ado	EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: WITH THE ARYLAND, 2	death resulted from: Natural causes Accident Suicide . Hamicide . Undetermined manner .	
	E CEE CEE CEE CEE CEE CEE CEE CEE	ACTUAL CHI OF THE PROPERTY DATE THE TOTAL DATE THE TOTAL DATE	,
t _o	EDICAL TE THE 4 SHOLL NERAL DEATH,	SIGNATURE SIGNED SIGNED SIGNED	_
H	TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT BALTIMORE,	EXAMINER'S NAME (TYPE OR PRINT)ADDRESS	
	TO MEDICAL EXECUTE THE CPAGE 4 SHOULD TO FUNERAL I AFTER DEATH, BALTIMORE, M.	30. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	
	BP	Burial July 22, 1960 Holy Redeemer Baltimore City Md.	M
7755	DHMH - 17	4. FUNERAL DIRECTOR 6500 FOR ITAL 256. DATE REC'D. BY REGISTRAR'S DIGISTRAR'S	
× /	(VR A15 ME (5)) 15M7/77	Mitchell-Wiedefeld Home, Inc. Baltimore, Md. 1111 2 3 1980 Kirtony Malrody	

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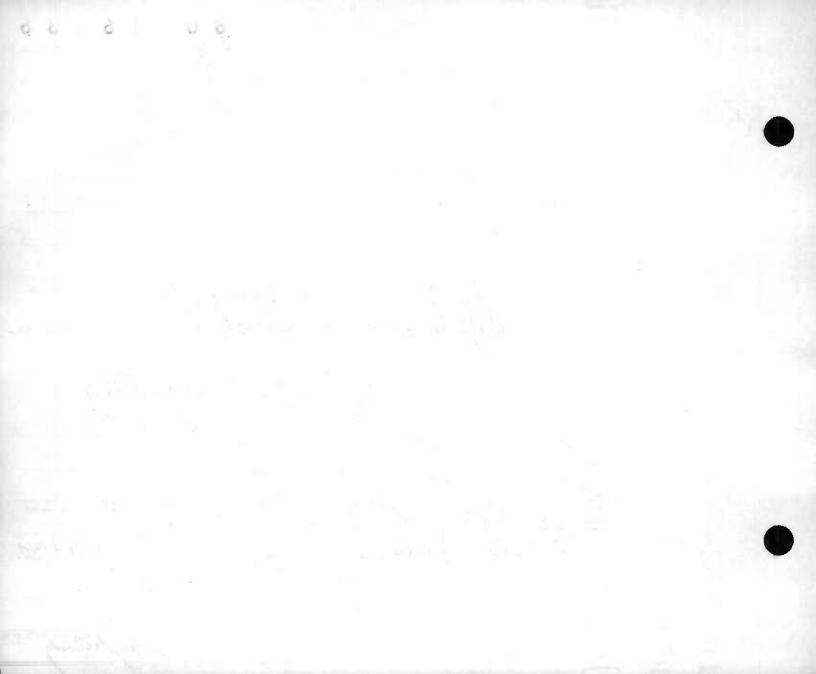
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Toroge H. Skenery H.S.

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 1. DECEASED NAME 2a DATE OF DEATH 2h HOUR (TYPE OR PRINT) KERRIGAH MARY 1988 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS YEAR MONTHS OAYS 1744 1403 10 70. BIRTHALACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED EMM WIDOWED 💢 DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR MOT IN SUCH FACILITY, GIVE STREET ADORESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY OWSOH IOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADJISSION)
130 STATE 130 COUNTY 130 CTY OR TOWN 13d. INSIDE CITY LIMITS? PIP 1ARKUIIIE YES [MOAU 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (FYES, GIVE WAR OR DATES) II CAUSE OF DEATH :Enter only one cause p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Canditions, if any, which gave rise to immediate couse (a), stating A CONSEQUENCE OF otho underlying couse last PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE JERGINAL DISEASE OF CO GIVEN'N PART THE CERTIFICATION No DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED TON IF YES, WERE FINITINGS USED 70e AUTOPSYT IN CERTIFYING CAUSES OF DEATH? ped YEST Hygier NO NO F ial-tronsit Ę THE ACCIDENT WAS UNDERLYING THE TIME OF INJURY THE HOW INJURY OCCURRED LENGTH NAMED OF PRIVATION IN PART I OR PART 2) 00 HOUR A.M. MONTH YEAR OR CONTRIBUTING TEALSE OF DEATH ond Mentol MEDICAL OF EITHER, NOTHY MEDICAL EXAMINERS P.M morked or 114 INJURY OCCURRED THE PLACE OF INJURY 211 LOCATION LAT HOME, STREET, FACTOR OFFICE, FARM, ETC. I CITY OF FOWN COUNTY STATE 72s I certify that (I) (this haspital) attenand that in (my) sauce opinion death occurred on the date and hour and from the causes stated sow the decea Dept 774 SIGNATURE DEGREE 77: DATE SIGNED. * ATTENDING be deta e State | PHYSICIAN. DIRECTOR | PHYSICIAN | 274 PHYSICIAN'S NAME LIME PENT 77x ADDRESS the the 73e SURIAL CREMATION REMOVAL 73c NAME OF CEMETRY OR CREMATORY 73k DATE STATE BP. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR DHMH-16 20M NAME (VRA 15, 4) 7/78 UMMS



3		REGISTRAR CEASED NAME PE OR PRINT)	FIRST		MIDDLE		L/	AST			20. DATE KN	REG. NO.	MONTH	DAY	YEAR	26 HOU
			ELSI	E	Α.		SILING					AATED	7	15	1980	
	3. SE	female	* White	S. DATE OF BI	RTH DAY YEAR 22,1928	AGE (IN YE) LAST BIRTHDA 52	AY) MONTHS	DAYS	HOURS	R 24 HRS.	2c. DATE PRONOUNC DEAD	ED	7	15	19 80	2 H40
	FC	RTHPLACE (ST SKEIGN COUNTRY) ennsylv		76. CITIZEN O	·A.	NTRY?	8. MARRIEI	D NE	VER MAR	-	9. BALTIMO	RECITY OR imore			DEATH	M
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	USU. 13a. S		IF IN NURSING HOME	OR OTHER INSTITUTION	ON, GIVE RESIDENC		ON)	3d. INSIDE C	ITY LIMITS?	13e. STR	EET ADDRESS Sprin	5				
ŧ		ATHER'S NAME					1	S. MOTHE	R'S MAID	DENNAME				/3		
-		Harry E	. Skarke	WIDDLE	Star	key		Man	ie		A.	OLE.	Rok	oins	on	
	16a. \	VAS DECEASED ES. NO, OR UNKNOW NO	EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)		-22-853		7. INFORA		t Kie	sling,	ADDRESS Same	as	#13	e	
I		18 CAUSE OF	F DEATH (Enter at ATH WAS CAUSE	nly one cause pe	r line for (o), (b	o), ond (c).)								BET	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
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		Condition	s, if any, which		, OR AS A COI	NSEQUENCE (OF									
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		cause (a) lying caus	stating the <u>under</u> se last.	(b)_ DUE TO				De CONDITIO	N CIVEN IN 8	PART 1 (p)						
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	ATION	cause (a) lying caus	stating the <u>under</u> se last. GNIFICANT CONDITIONS	DUE TO (c) (c) (c)	DEATH BUT NOT REL		INAL DISEASE O	9231		PART 1 (a).				20. /	AUTOPSY?	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) OF ESTI-19 80 John Patrick King 4. RACE SEX & AGE (IN YEARS | IF UNDER 1 YR IE LINDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 10:05 1.80 Male White 29 1954 DEAD 26 7g. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED DIVORCED Baltimore County, O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Interstate 695 south of Rt. 702 OR INDUSTRY Steel Worker Beth. Steel JSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3403 Wallford Drive 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Maryland Dundalk NO X 14. FATHER'S NAME DIVISION OF VITAL 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE King, Sr. John Patrick Lorraine Ross 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 3403ADWallford Drive No 220-66-0937 John P. King, Sr. - Balto, MD 21222 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt injuries to trunk and head DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF BURIAL, YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR 8:50xx 7 4 10 80 UNDERLYING 19 80 Driver of motorcycle/fixed object impact CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION STREET, FACTORY, FARM, ETC.) Baltimore, Md. 1659 south of Rt. 702 AT WORK AT WORK road 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection Accident X death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 7/5/80 EXECUTE THE CPAGE 4 SHOUN TO FUNERAL I AFTER DEATH, BALTIMORE, MV Assistant MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Street, Baltimore, Md. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 7/8/80 New Cathedral Burial Baltimore Maryland Duda-Ruck Inc. 250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S SIGNATURE **DHMH - 17** 1980 (VR A15 ME (5)) 7922 Wise Avenue, Dundalk, MD 21222 15M 7/77

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ficate be executed ficate be executed section and complements. Pages 1 and 2 oval.	16a \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	213-74-		17 INFORMANT MR. 8700 STEPHANI	E RD. RANDA	LLSTOWN, M	D 21133
IDING PHYSICIAN: The law requires that the death strending physician. After this certificate has been signed by the attendins the burial-transit permit. Then please remove carbotth and Mental Hygene prior to burial, cremation, or marked or Item 18 shows any injury, or other traum	NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OI	R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO	ENCE OF		nal disease or coni	DITION GIVEN IN PART	1101
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DHMH-16 25M (VRA 15, 4) 1/79	74 F	UNERAL DIRECTOR SOL		ADDRESS	, INC.	21215 250. DATE	rec'd, by registrar 5 1980	250. REGISTRAR'S SIGN	Creedy.

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iMORE, n in and con Pages 1 are		VAS DECEASED EVER IN U yes, no or unknown) (IF YE	S. ARMED FORCES, GIVE WAR OR DATE		219-30-	5942	Mrs. Donald	L. Kraft -	1217	Spring	AVe -212
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BP————————————————————————————————————	(BURIAL, CREMATION, REMO SPECIFY) BURIAL	7-8	-80		anden	emetery or crematory of Faith	23d LOCATION CITY OF TOWN		COUNTY	STATE
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT 1. DECEASED-NAME First Lost 2a. DATE KNOWN Month Doy Year (Type or Print) Joseph OF ESTI-Peter Krasnodemski 19 80 DEATH MATED Heolyh may IF UNDER 24 HRS 3. SEX 4. RACE 6. AGE (In years S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD last birthday) Year M W 3/20/1914 66 Jo. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Baltimore WIDOWED [DIVORCED [County Maryland USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of working life, even if retired.)

truck driver Baltimore Baltimore St Bethel-Steel 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Baltimore be forwarded to the Chief Medical Examiner's Office along YES NO 7713 Baltimore Street With 14. FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First Last Alexander pending Krasnodemski Gertrude and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS 17. INFORMANT (Yes, na, ar unknown) 213 03 1332 Ceroline Krasnodemski 7713 Baltimore St TO DEPUTY MEDICAL EXAMINER: This certificate shauld 301 W. PRESTON STREET delay is necessary, please execute the certificate, writing the word al director. Page 4 should be forwarded to the Chief Medical Examin ansit permit. File pag 72 hours after death 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) permit. I DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF burial-transit stating the underlying couse event within PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) **DIVISION OF VIT AL RECORDS** CERTIFICATION 0 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 05 WAS PERFORMED? used any YES [NO T 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) = pe MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING puo should CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, farm, street, ar remayal, 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote factory, office building, etc.) NOT WHILE AT WORK 3 AT WORK Poge 220. I certify that I took charge of the remains described above, held an Autopsy [funeral director. Inspection 🖂 nauiry ond in my opinion DIRECTOR: death resulted fram: Natural causes Suicide Homicide Undetermined manner cremation. CHIEF MEDICAL EXAMINER be retained for your ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER TO FUNERAL buriol **EXAMINER'S** HLUWAL and 3 to the NAME (Type) ADDRESS (Street, city), tawn, or 21222 23a BURIAL CREMATION. 0 DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Drior 7/9/80 Burial Oak Lawn Baltimore 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR VR A15ME (5) Walter Dabrowski 1005 Dundalk Avenue 8M-1/70

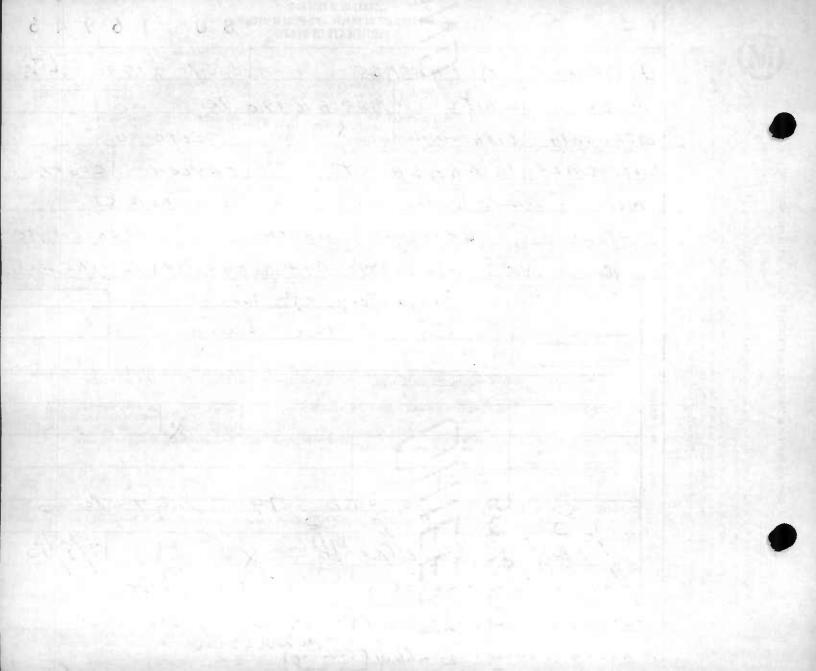
MARYLAND STATE DEPARTMENT OF HEALTH

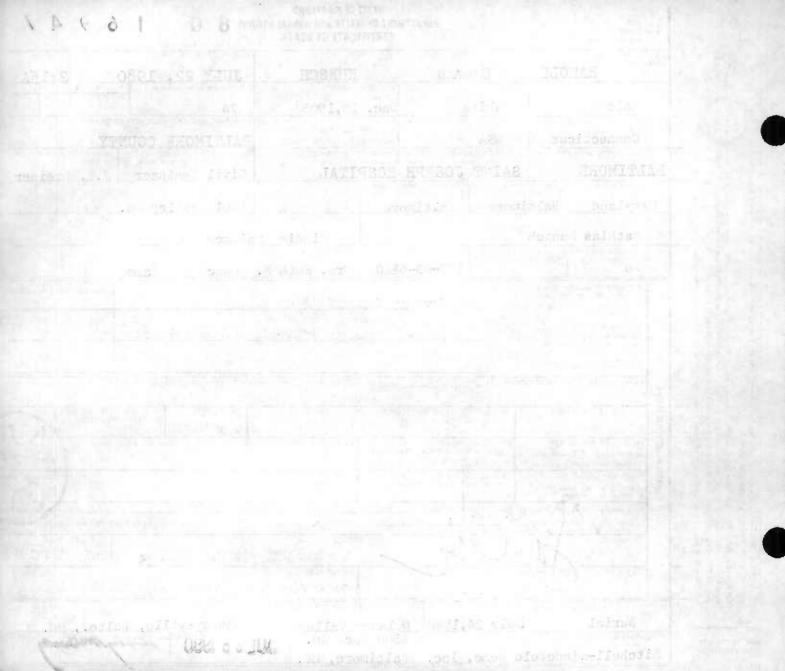
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	STATE OF MARYLAND							
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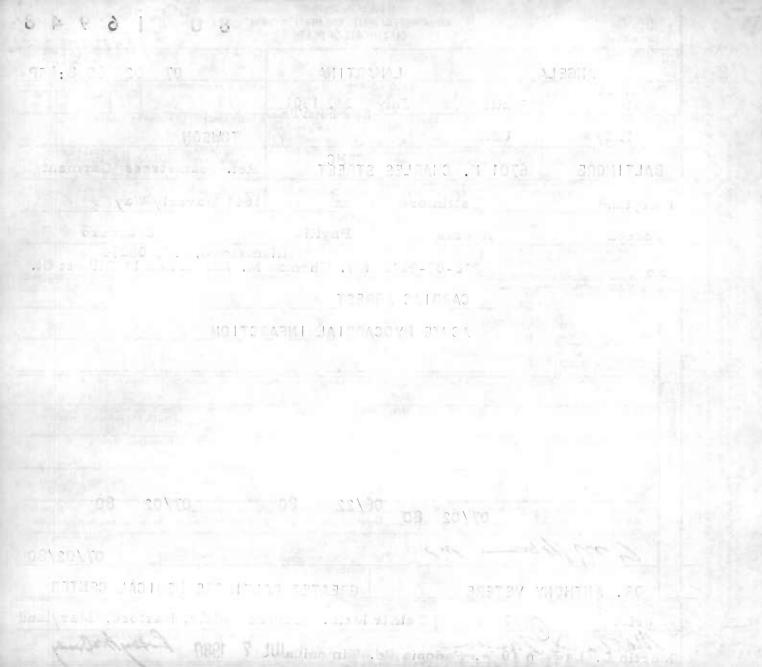
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N OF VIII SICIAN: TI ng physici ng physici certificate urial-tronsii tentol Hygi frem 18 sh		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY	YEAR 19					
(C PHYSIC Optional op	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
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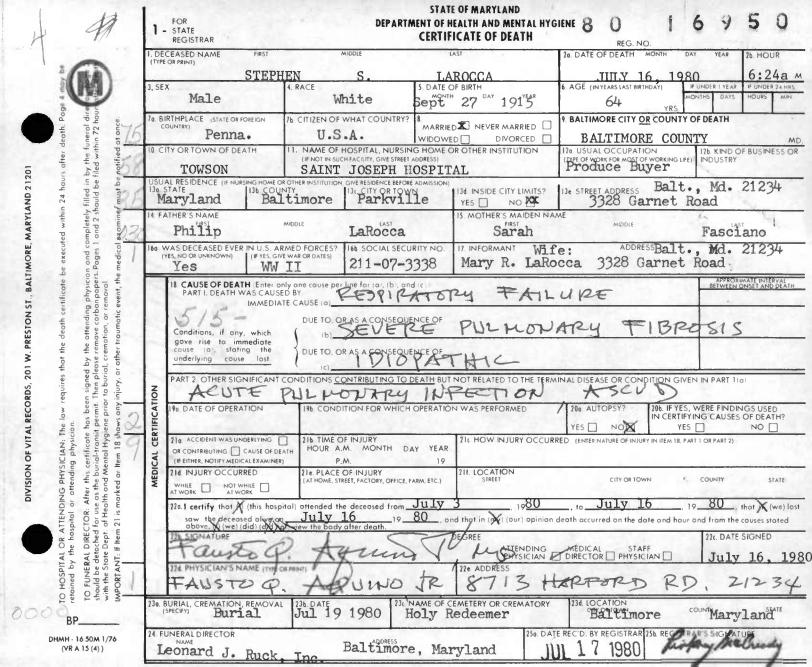
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		OR CONTRIBUTING CAUSE OF DE	Airi	M. MONTH D							
5	MEDICAL	1 IF EITHER, NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED		OF INJURY	19	211 LOCATION	and the same				
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E		ATWORK LATWORK				6/22 1080		7/02		30	
TOR Use Head Head		27s. certify that (I) (this hosp saw the deceased alive as	ital) attended th	77702 from	10		to	1102		, "	hat (I) (we) lo
Lem		obove, (I) (we) (did) (did n	ot) view the body	ofter death.		nd that in (my) (our) opinion o	dearn occurred on the d	are and ha			
±	1	226. SIGNATURE	1-	204		DEGREE			224.	DATE S	IGNED
Ë		601/11		· Ins		ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FF CIAN [07/	02/80
Y/	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)			220 ADDRESS					
MPORTANT: IF		DR. ANTHON	Y VETE	RF		GREATER BA	ALTIMORE I	MEDIC	CAL	CE N	TER
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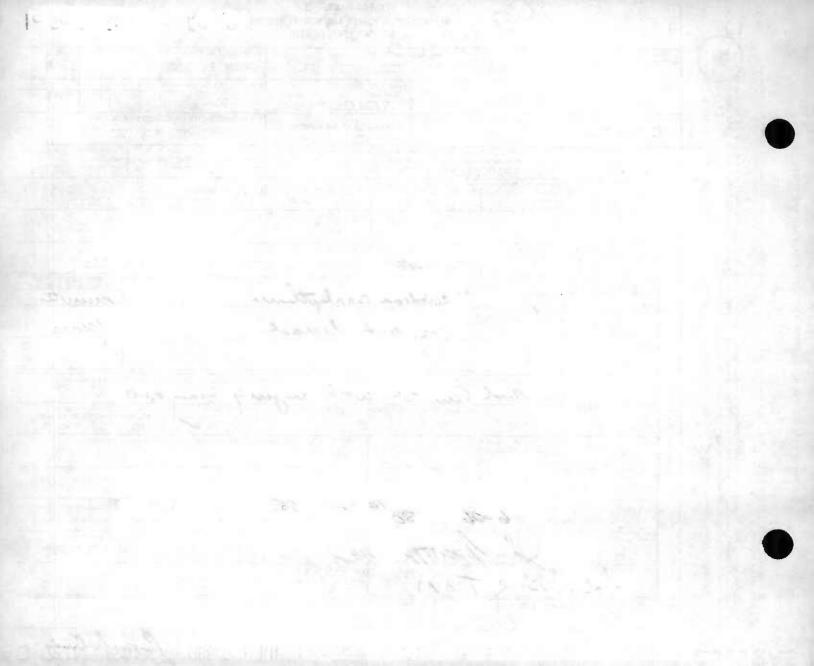
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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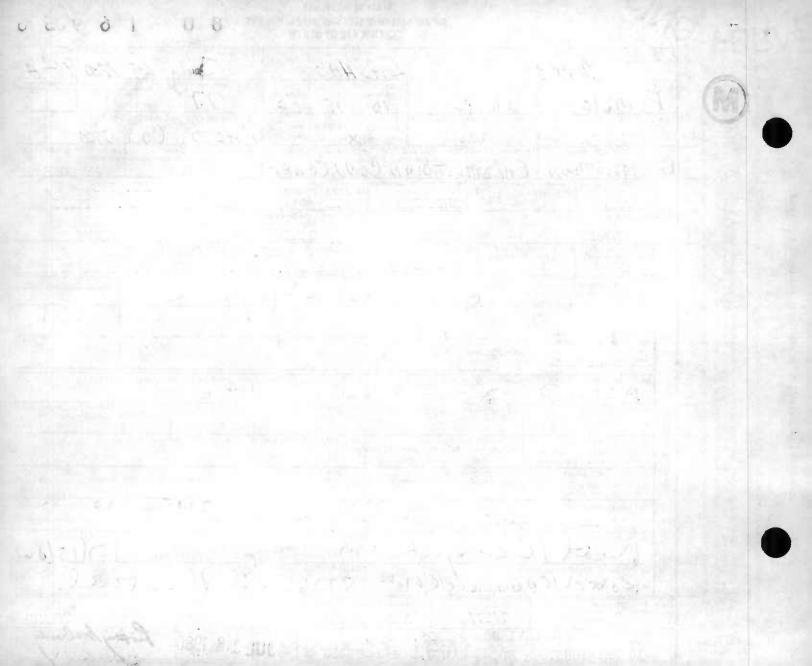
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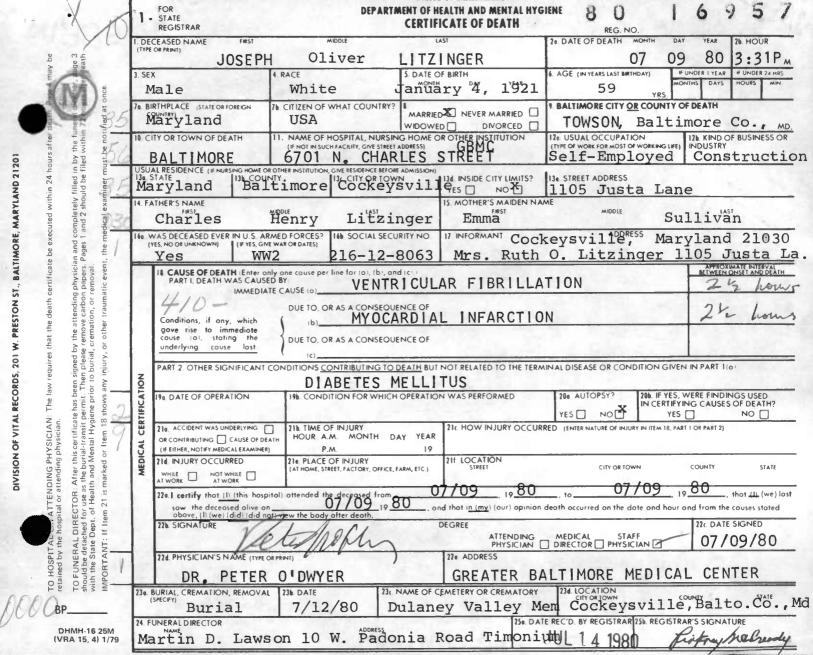
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107	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 0	16954
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ge 4 may b ctor, page safter deat	3. SE		1 RACE	S. DATE OF BIRTH MONTH T 24 GE YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
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de de	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED DIVORCED DIVORCED	120 USUAL OCCUPATION	120 KIND OF BUSINESS OR
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RDS, 20 W require en signec Then ples or to buri	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	ODEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
AL RECO	CERTIFICATION	190 DATE OF OPERAT	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
OF VITA VSICIAN hysician. certificat il-transit p ntal Hygi		7) B. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)
DIVISION OF INTERNATION OF PHYSI After this cer Is the burial-tr, Ith and Mentail marked or Ite	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
OI ATTEND tal or att CTOR: A or use as of Health		22a I certify that (1) (this haspi saw the deceased alive an	ital) arended the deceased from		death occurred on the date and	haur and from the causes stated
TAL OR A the hospi	ď	22b. SIGNATURE	the body after death.	ech minimum physician	MEDICAL STAFF DIRECTOR PHYSICIAN	7-28-80
TO HOSPIT retained by to FUNERA should be de with the State MPORTAN		121 PHYSICIAN'S NAME (TYPE O	R. BECK	MT) 901 FUSE	LAGE AV. B	a / honore Md
0 BP	23 a.	BURIAL CREMATION, REMOVAL BURIAL	23h. DATE/2 9/80 23	NAME OF CEMETERY OF CREMATORY HOLF REDEEMLE	EN BALT	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	UNERAL DIRECTOR	ELL ADDRESS	CE MACE AL	JG 0 4 1980	ISTRAY'S SIGNATURE

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is, 201 W. PRESTON ST., BALl equires that the death certificat	by the att e remove , crematic	injury, or other traumatic even	z	Conditions, if any, whice gave rise to immediate underlying cause los	DUE	TO, OR AS A CO	ONSEQUE	NCE OF	l vasi	erel	ar is	allay	us c	APPROXI	MATE INTERV ONSET AND D	AL FAIH
DIVISION OF VITAL RECORDS, IDING PHYSICIAN: The law rec	n. ate has been t permit. Thi giene prior t	18 shows any	CERTIFICATION	19a DATE OF OPERATION				OPERATION	N WAS PERFORMED	he	200 AUTOPSY? YES NO	IN CE	YES	CAUSES	NGS USED OF DEATH	
OF VIT		9		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXAM	F DEATH HOL	IME OF INJURY JR A.M. MO P.M.		Y YEAR	žic HOW INJURY O	CCURRED	(ENTER NATURE OF I	NJURY IN ITEM	18, PART 1 OR	PART 2)		
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4	IFIC												YES 🔀	NO 🗆
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				e of the remains desc	cribed obov	ve, held on	Autops	y Inspection	n . In	quiry .	ond in my	opinion	7	
		death resulte		ol couses ,	Accident	, Suic		Homicide X	Undetermin		<u> </u>			
		TITLE (SPECIFY)												
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5))	-	NERAL DIRECT	001 11	EVINSON &						STRAR 8	CAN	MARC.	ready	
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24 EUNERAL DIRECTOR

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BALTIMORE COUNTY	
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Film G631, 9/1/87

Anatomy Board

(VRA 15, 4) 7/78

DHMH-16 25M (VRA 15, 4) 1/79

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH MIDDLE LAST

REG NO

HOUSEWIFE

MIDDLE

MRS. ESTHEROGISSKSTEADT

2807 WALDORF AVE.

AT HOME

LEIBOWIT.Z

#21207

#21215

APPROXIMATE INTERVAL

2a DATE OF DEATH MONTH 2h. HOUR JULY 14, 1980 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR HE LINDER 24 HDS HOURS YRS **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE COUNTY 12a. USUAL OCCUPATION 12h. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

MALAMED 4 RACE 5 DATE OF BIRTH MONTH WHITE 25, 1898 FEB.

MARRIED NEVER MARRIED

7h. CITIZEN OF WHAT COUNTRY? USA

WIDOWEDXXX DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

HOSPITAL BALTIMORE CO. GEN. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) IN COUNTY 13c. CITY OR TOWN

13d. INSIDE CITY LIMITS? BALTIMORE YES XX NO [IS MOTHER'S MAIDEN NAME

GOLD 166 SOCIAL SECURITY NO 17 INFORMANT 213-74-5337 3518 LANGREHR RD., APT. 2C

LEAH

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 110

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) MONTH DAY YEAR

DEGREE

22e ADDRESS

21f LOCATION

CITY OR TOWN

STAFF

NOF

20a AUTOPSY?

COUNTY

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

and that in (my) (aut) opinion death occurred on the date and hour and from the causes stated

NO [

STATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT) DR. ROBERT KROOPNICK

22a.1 certify that (1) (this-hospital) attended the deceased from

above, (1) (we) forely (did not) view the body after death

236. DATE

23c. NAME OF CEMETERY OR CREMATORY

ATTENDING

8726 LIBERTY RD. RANDALLSTOWN, MD 21133 23d. LOCATION

MEDICAL

PHYSICIAN POIRECTOR PHYSICIAN

STATE

24 FUNERAL DIRECTOR

(SPECIFY)

22b. SIGNATURE

FOR

REGISTRAR

BESSIE

MIDDLE

I (IF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

I. DECEASED NAME

FEMALE

RANDALLSTOWN

HARRY

gove rise to immediate cause (a), stating the

underlying cause

I DATE ON OPERATION

21d INJURY OCCURRED

AT WORK

21a ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

saw the deceased olive on.

NOT WHILE AT WORK

PART I. DEATH WAS CAUSED BY

ony, which

MARYLAND

(YES, NO OR UNKNOWN)

Conditions, if

NO

COUNTRY RUSSIA

- STATE

BURTAL

KNESSETH ISRAEL ANSHE KOLK SOL LEVINSON & BROS. INC.

6010 REISTERSTOWN RD RALTO

216. TIME OF INJURY

P.M

21e PLACE OF INJURY

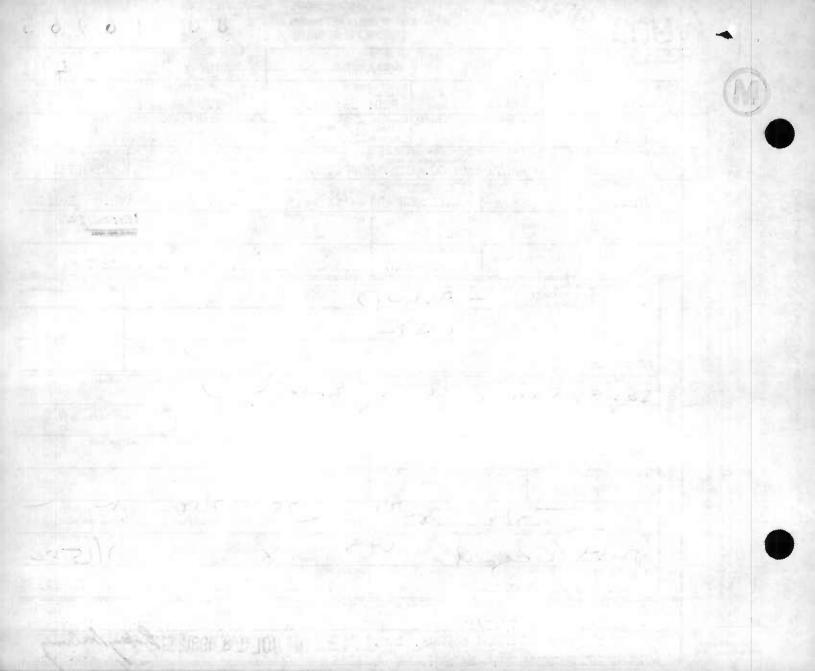
(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M.

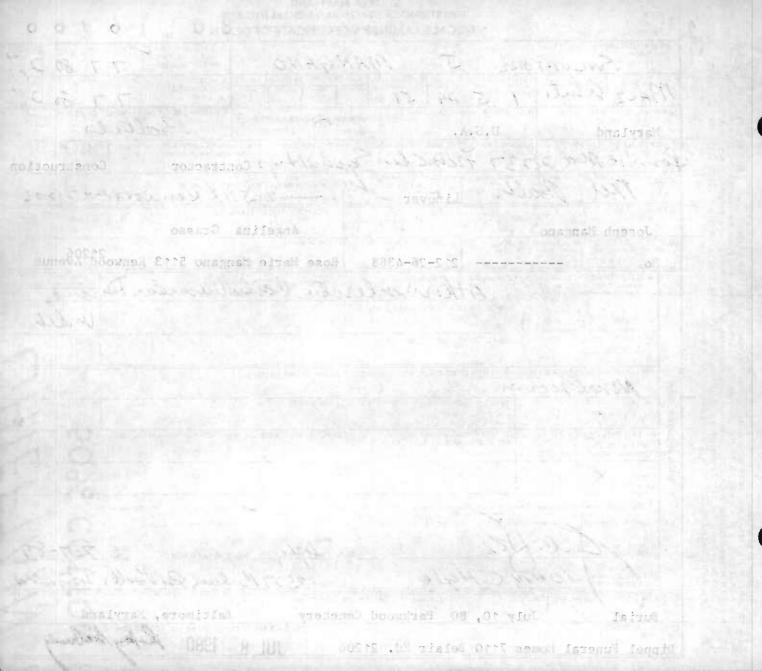
BALTIMORE

MARYLAND

22c. DATE SIGNED



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN 26. HOUR (TYPE OR PRINT) OF ESTI-ANGANO 7LUATORS 180 DEATH MATED DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE DAY YEAR LAST BIRTHDAY PRONOUNCED 04 S/ YRS DEAD Th. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED [DIVORCED CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 125 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY Contractor Construction RECORD R OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13c. CITY OR TOWN 134 STREET ADDRESS 1d. INSIDE CITY LIMITS? Linover 3 Kenword Are 21206 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Angelina Grasso Joseph Mangano 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 7. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES! Rose Marie Mangano 5113 Kenwood Avenue 212-26-4388 CAUSE OF DEATH (Enter only one couse per line for (90 (b), and (c). PART I DEATH WAS CAUSED BY Alie Cordillasas IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES R: PAGE 3 SHOULD BE E STATE DEPARTMENT C 21201 PRIOR TO BURIA NO M 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING TO CAUSE OF DEATH PM 19 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE OT WHILE AT WORK ATWORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry ond in my opinion ARYLAND. death resulted from Accident Notural causes Homicide Undetermined monner FFFE LS PECIEN GECUTE THE CAGE 4 SHOULD FUNERAL D SIGNATUR MEDICAL EXAMINER TYPE OR PRINT PAC TO AFT 23a BURIA CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore, Maryland Parkwood Cemetery July 10. 80 Buria 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REC'S TRANS SIGNATURE **DHMH-17** 1980 VR A15 ME (5)) Dippel Funeral Homes 7110 Belair Rd. 21206 15M7/77

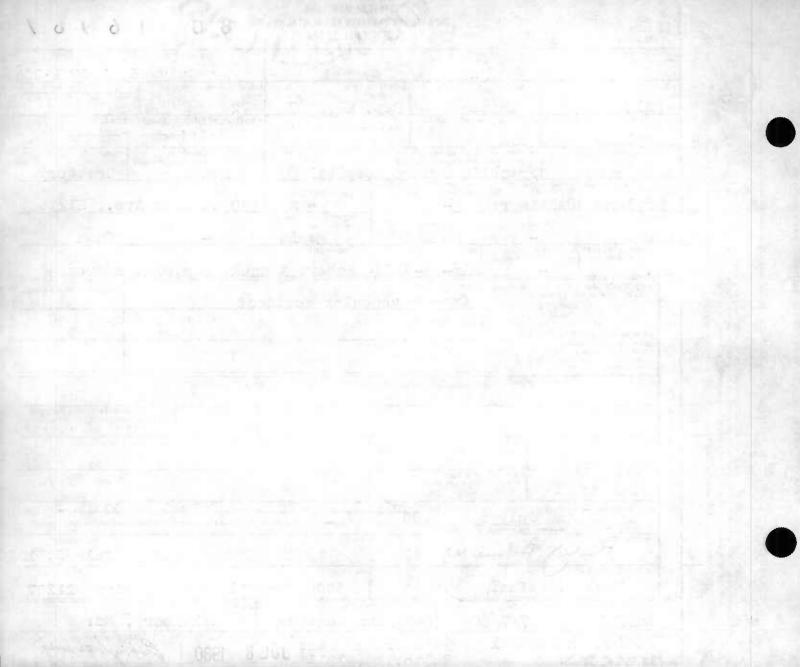


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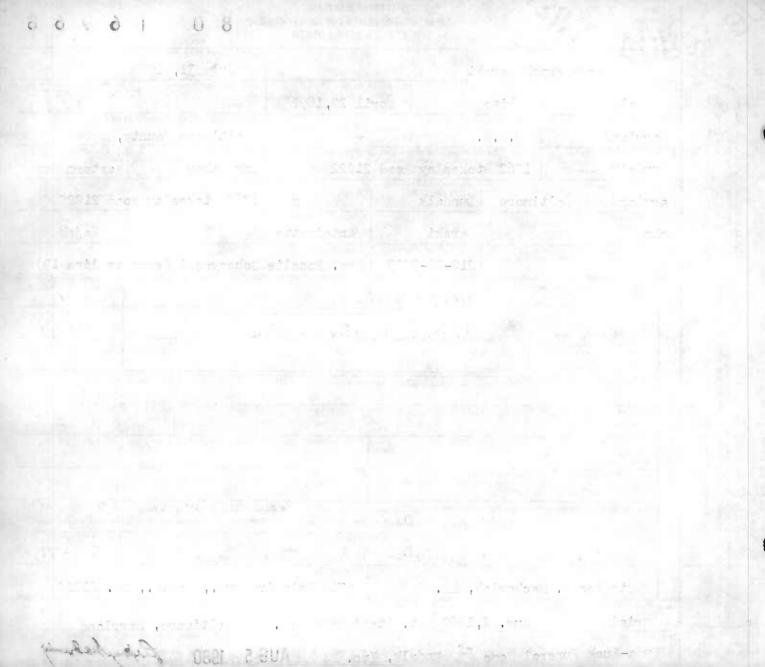
Home, Inc

1980



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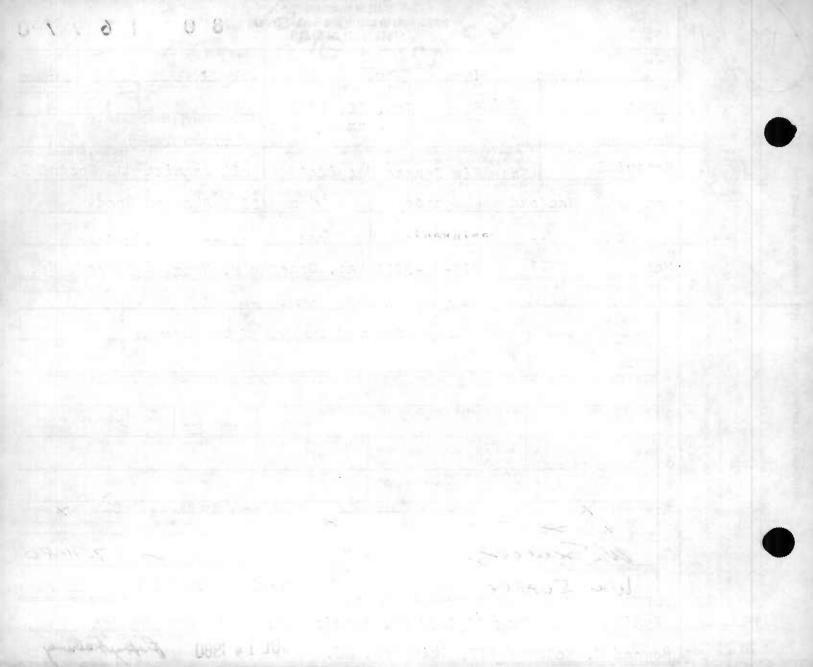
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Vincent Simon Mazz July 11 1980 3 SEX 4 RACE 5 DATE OF BIRTH MONTH OAY YEAR MONTH OAY YEAR MONTHS FI. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MATULAND 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 121 US USUAL OCCUPATION 121 US USUAL OCCUPATION 122 USUAL OCCUPATION 123 USUAL OCCUPATION 124 USUAL OCCUPATION 125 USUAL OCCUPATION 126 USUAL OCCUPATION 127 USUAL OCCUPATION 128 USUAL OCCUPATION 129 USUAL OCCUPATION 120 USUAL OCCUPATION 120 USUAL OCCUPATION 121 USUAL OCCUPATION 122 USUAL OCCUPATION 123 USUAL OCCUPATION 124 USUAL OCCUPATION 125 USUAL OCCUPATION 126 USUAL OCCUPATION 127 USUAL OCCUPATION 128 USUAL OCCUPATION 129 USUAL OCCUPATION 120 USUAL OCCUPATION 120 USUAL OCCUPATION 121 USUAL OCCUPATION 122 USUAL OCCUPATION 123 USUAL OCCUPATION 124 USUAL OCCUPATION 125 USUAL OCCUPATION 126 USUAL OCCUPATION 127 USUAL OCCUPATION 128 USUAL OCCUPATION 129 USUAL OCCUPATION 129 USUAL OCCUPATION 120 USUAL OCCUPATION 121 USUAL OCCUPATION 122 USUAL OCCUPATION 123 USUAL OCCUPATION 124 USUAL OCCUPATION 125 USUAL OCCUPATION 126 USUAL OCCUPATION 127 USUAL OCCUPATION 128 USUAL OCCUPATION 129 USUAL OCCUPATION 120 USUAL OCCUPATION 120 USUAL OCCUPATION 121 USUAL OCCUPATION 122 USUAL OCCUPATION 123 USUAL OCCUPATION 124 USUAL OCCUPATION 125 USUAL OCCUPATION 125 USUAL OCCUPATION 126 USUAL OCCUPATION 127 USUAL OCCUPATION 127 USUAL OCCUPATION 128 USUAL OCCUPATION 129 USUAL OCCUPATION 129 USUAL OCCUPATION 120 USUAL OCCUPATION 120 USUAL OCCUPATION 121 USUAL OCCUPATION 121 USUAL OCCUPATION 125 USUAL OCCUPATION 125 USUAL OCCUPATION 126 USUAL OCCUPATION 127 USUAL OCCUPATION 127 USUAL OCCUPATION 128 USUAL OCCUPATION 129 USUAL OCCUPATION 129 USUAL OCCUPATION 129 USUAL OCCUPATION 129 USUAL OCCUPATION 120 USUAL OCCUPATION 125 USUAL OCCUPATI	DAYS HOURS MIN
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Male White Jan. 12. 1920 60 Fo. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARRIED EXAMPLE AND USA WIDOWED DIVORCED Baltimore Country WIDOWED DIVORCED Baltimore Country (10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF HOT IN SUCH FACILITY, GIVE STREET ADDRESS) Franklin Square Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE BROWN FOR MOST OF WORKING LIFE) WISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADDRESS) WARRIED EXAMPLED 12. 1920 60 YRS. BALTIMORE CITY OR COUNTY OF DEATH (17PE OF WORK FOR MOST OF WORKING LIFE) WALL USA USA USA USA USA USA USA	
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KOSSVILLE Franklin Square Hospital Mail Carrier US USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BÉFORE ADMISSION) 130 STATE 13	KIND OF BUSINESS OR USTRY
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	d
14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME	
John Maziuravic Mare Ciuci	LAST
- E / 10m WAS DECEASED EVER IN U.S. ARMED FORCES? 10m SOCIAL SECURITY NO. 12 INFORMANT ADDRESS	uea
Yes WWII 219-05-5371 Mrs. Dorothy M. Mazz, Edgew	ood. Md.
	APPROXIMATE INTERVAL ELWEEN ONSET AND DEATH
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac Pulmonary Arrest	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if ony, which (b) Adenocarcinoma of the Head of the Pancreas	
gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
underlying cause lost	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P	ART I(a)
THE DATE OF OPERATION IN CERTIFYING C YES NOW YES TO SEE THE DATE OF OPERATION TO SEE THE DATE OF OPERATION WAS DEFORMED 200 AUTOPSY? 200 IF YES, WERE IN CERTIFYING C YES NOW YES TO SEE THE DATE OF INJURY STILL FOR INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR P	
YES NOXX YES	AUSES OF DEATH?
216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PORT OF INJURY OF INJURY OF INJURY IN ITEM 18, PART 1 OR PORT OF INJURY OF INJURY OF INJURY INJURY INJURY OF INJURY	
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OR CONTROLLING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21a. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY COUNT	NTY STATE
216. INJURY OCCURRED 218. PLACE OF INJURY WHILE NOT WHILE AT WORK AT WORK CONTROL OF INJURY AT WORK AT WORK CONTROL OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN CONTROL OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STATE
20.1 certify that X (this hospital) attended the deceased from JIIDE 26 19.80 to JIIJ V 17 19.80	, tho (we) lost
sow the deceased alive an July 11 19 80 , and that in July apprican death occurred on the date and haur and from abave, "((we) (did) (a) 31) view the body after death.	om the causes stated
	DATE SIGNED
B B E Win Sciace MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	7-11-80
226 PHYSICIAN'S NAME (TYPE OR PRINT) 22R ADDRESS	
	21237
Wm SUARCE 9000 Franklin Square Drive	
230. BURIAL, CREMATION, REMOVAL 233, DATE 234. NAME OF CEMETERY OR CREMATORY 234 LOCATION	STATE
236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY (SPECERY)	ord Md.
236 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION COUNTY BURIAL JULY 14.1980 St. Francis Cem. Abingdon Hark C	ord Md.



1	100		STATE OF MARYLAND	and the state of t	
1		DEPAKI	CERTIFICATE OF DEATH	0 0	6971
		MIDDLE	LAST	26 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
IIII			MC CAUSLAND	07	08 80 10:00
3 SE			5 DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HR
	Male	Caucasian	4 6 1890	90 YRS	MONTHS DAYS HOURS MIN
30 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNT	Y OF DEATH
		U.S.A.	WIDOWEDT DIVORCED	TOWSON	Α
	LTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET 6701 N. CHAR	ADDRESS) GBMC	(TYPE OF WORK FOR MOST OF WORKING I	12b. KIND OF BUSINESS C INDUSTRY FOOD
USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION]	. /	1 1000
M	Bal.				mit Ave.
14 F	ATHER'S NAME		15. MOTHER'S MAIDEN N	AME	LAST
	George W.				N LASI
	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECT	JRITY NO. 17 INFORMANT	ADDRESS	acts object
	yes 9/17	-11/17215-03-	6581 Donald R.	Mc Causland-san	ne as deaeas
	18 CAUSE OF DEATH (Enter onl	y one couse per line for (a), (b), or	nd (c).1		SETWEEN ONSET AND DEATH
			AL ISCHEMIA		22 DAYS
	436-	DUE TO, OR AS A CONSEQU	ENCE OF		
	Conditions, if ony, which	(b) ISCHEM	IC (R) C.V.A.		22 DAYS
	couse (o), stoting the	DUE TO, OR AS A CONSEQU	ENCE OF		
		(c)			
Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 1(0)
15	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20g. IF YE	S, WERE FINDINGS USED
5				INCERT	FYING CAUSES OF DEATH?
4 2	218. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCU		0
			AY YEAR		
S S	214. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
Ž	WHILE NOT WHILE D	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET		COUNTY STATE
		ol) ottended_the_decapsed from_	06/16 80	07/08	19_80 that (I) (we) Is
			80, and that in (my) (our) opinion	n death accurred on the date and ho	ur and from the couses stated
2	226 SIGNATURE	view the body offer death	DEGREE		22c. DATE SIGNED
1	Jaul	Kettl	M. D. ATTENDING	MEDICAL STAFF	- 7/8/80
		PRINT)	22e ADDRESS	_ DIRECTOR _ FITTS CIAIT _	0,0
1	PAUL	KETTL M	D. GREATER	BALTIMORE MEDI	CAL CENTER
23a	BURIAL CREMATION, REMOVAL	123b. DATE 123c		234 LOCATION	
	(SPECIFY)			CITY OR TOWN	COUNTY STATE
	UNERAL DIRECTOR		115- 04	ATE REED. BY REGISTRA 1256. REGIS	Thot Md
NIO			baston, Mu.		/ /
	J. DE BA STATE OF THE STATE OF	I. DECEASED NAME ITTPE OR PRINT! EUGENE 3 SEX Male 4 FUSE Male 4 SETTE AND Male 3 SEX Male 4 SETTE 4 SETTE 3 SEX Male 4 SETTE 5 SETTE 3 SEX Male 4 SETTE 5 SETTE 5 SETTE 5 SETTE 7 SETTE 8 SETTE 7 SETTE 8 SETTE 8 SETTE 8 SETTE 8 SET 8	REGISTRAR I. DECEASED NAME FRST MIDDLE EUGENE 3 SEX ARCE MALE CAUCASIAN Phil PA II. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE REFORM 13% COUNTY MID. IA FATHER'S NAME FRST MODILE ILAST GOODY WAS DECEASED EVER IN U.S. ARMED FORCES? IND. SOUCH FACKLITY. GIVE STREET FRSTS WAS DECEASED EVER IN U.S. ARMED FORCES? IND. SOUCH SECURITY (FYES, ONG OF UNKNOWN) IN FIRST SECURITY (FYES) OF UNKNOWN IN FINANCE (FYES) OF UNKN	DEPARTMENT OF HEALTH AND MENTAL HY REGISTRAR I. DECEASED NAME IT DECEASED	TORR STATE STATE

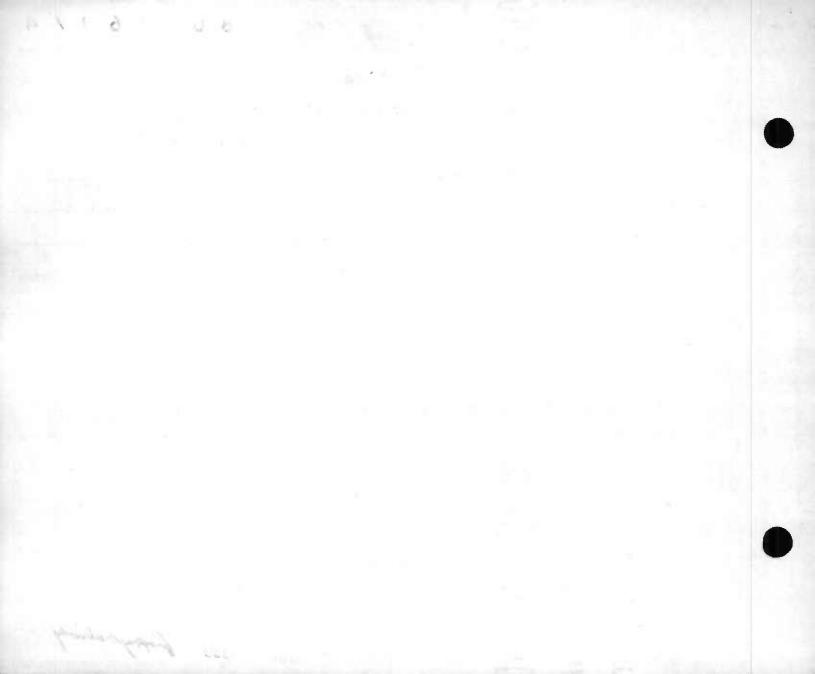
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P	1.	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		1 6	97	2
m s		OR PRINT)	FIRST	WIDOLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR 2b. H	IOUR P
ay be page 3 death			WILLIAM	E.	MCCI	RAY	JULY 2	22, 1980) 5	:59 M
ma r. po	3. SE	х	4 RACE		5. DATE C		6. AGE (IN YEARS LAST	BIRTHDAY) IF UN	TOER TEAK IN OIL	IDER 24 HRS
5 75	1	JALE-	WHI	TI	9 -	00 10 -	64	YRS		, Alle
4 Pen RE		RTHPLACE (STATE OR FORE)	ON 76. CITIZEN	OF WHAT COUNTR	MARRIE	NEVER MARRIED	9 BALTIMORE CITY			
\$ \480 A	10.0	TY OR TOWN OF DEATH	11 NAME C	DE HOSPITAL NUR	WIDOWE	D DIVORCED DO OTHER INSTITUTION	BALTIM		2b. KIND OF BUS	MD.
1 1 58		rowson	ST.	SUCH FACILITY GIVE STR	HOSPI'		(TYPE OF WORK FOR MO		NDUSTRY C	1 P
n 24 hour Hilled in thould be t	130.5	10.	HOME OR OTHER INSTITUTE COUNTY	ION, GIVE RESIDENCE BEF		13d INSIDE CITY LIMITS? YES NO	13e. STREET ADDRES	Ayono	ALE RO	OAO
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Pogs	(YES, NO OR UNKNOWN) (IF	FYES, GIVE WAR OR DATES							
ING PHYSICIAN: The law requires that the death certificate lite instituted physician. After this certificate has been signed by the attending physician and as the burial-transit permit. Then please remove carbon paper. Poor the and Mental Hygtene prior to burial, cremation, or remayal. orked or them 18 shows any injury, or other traumatic event, the metter		18 CAUSE OF DEATH (I PART I. DEATH WAS IM Governing to immediate to im	MEDIATE CAUSE (o) DUE TO hich (b) liote (b)	OR AS A CONSEC	CO L	lastos BRAIN Crain	na d		APPROXIMATE II BETWEEN ONSET A	IND DEATH
equires equires Then plant to burninjury, c	Z O	PART 2 OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTING	O DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	ONDITION GIVEN I	N PART 1(5)	
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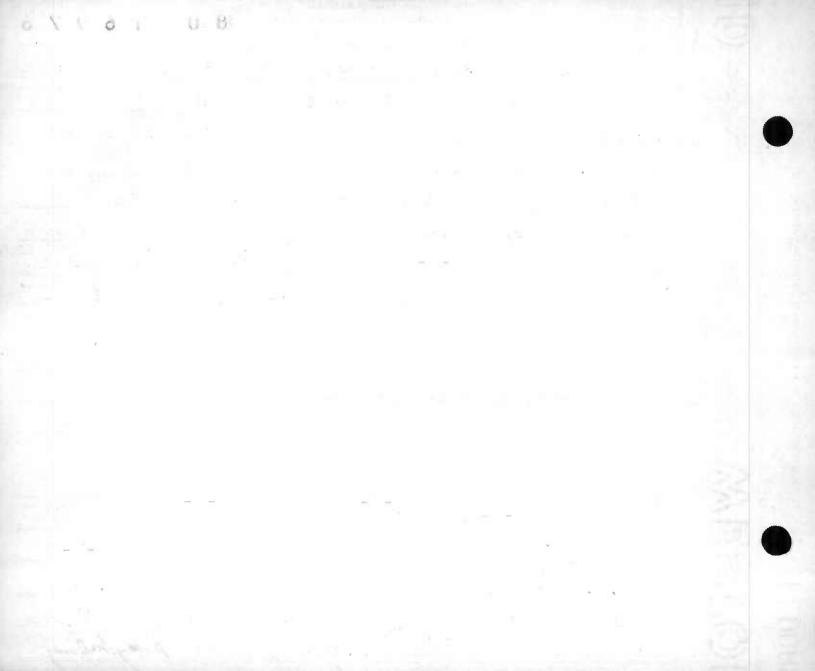


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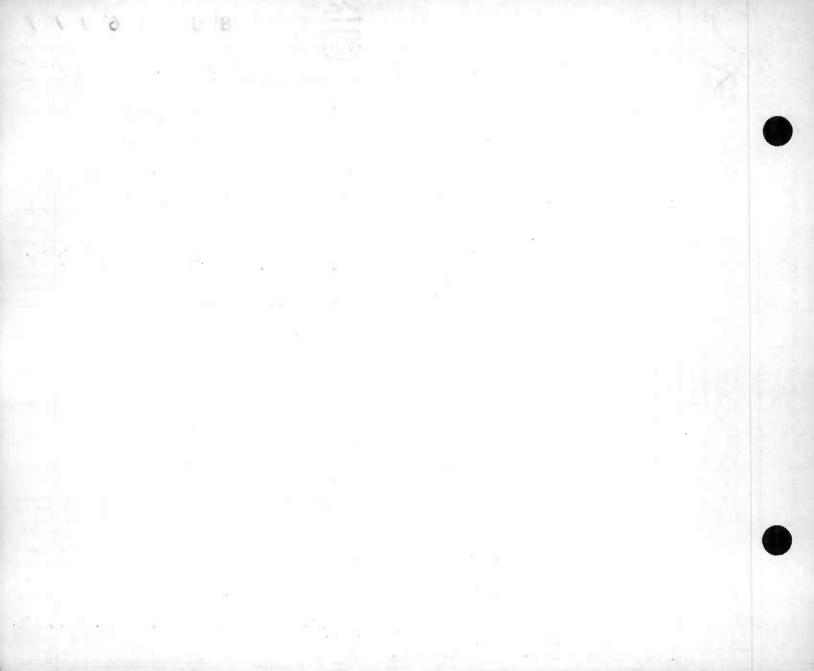
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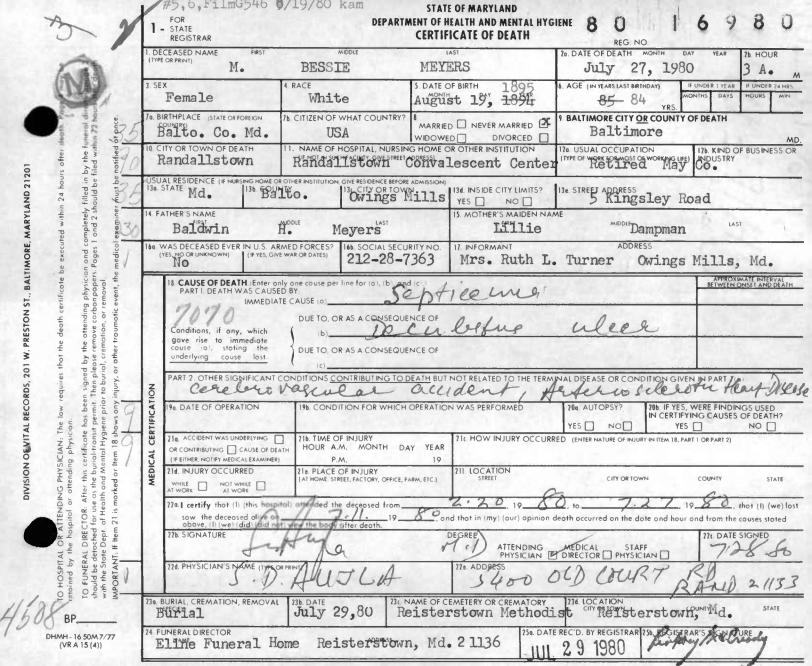
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ATTEN oital or a ECTOR: for use a of Heal		sow the deceased alive on	July 14 at) view the body after death.	80 ond that in (%) (our) opinion	death occurred on the date	ond hour and from the causes stated
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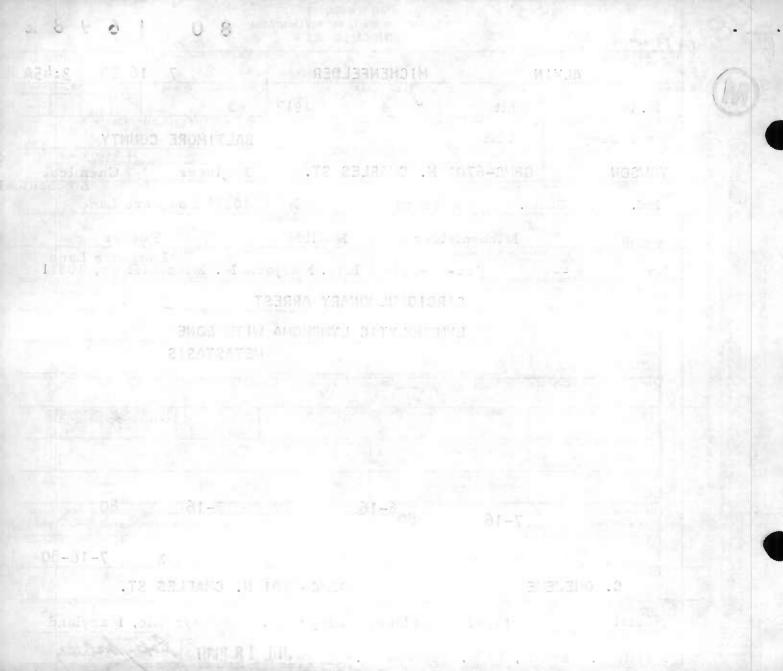
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STATE OF MARYLAND

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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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				STATE OF	MARYLAND				
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x ≥ ≤		BURIAL, CREMATION, REMOV	7/23/80 Li		tery or crematory & Reforme	23d LOCATION CITY OR TOWN Beld	est of	OUNTY STATESTANK	STATE
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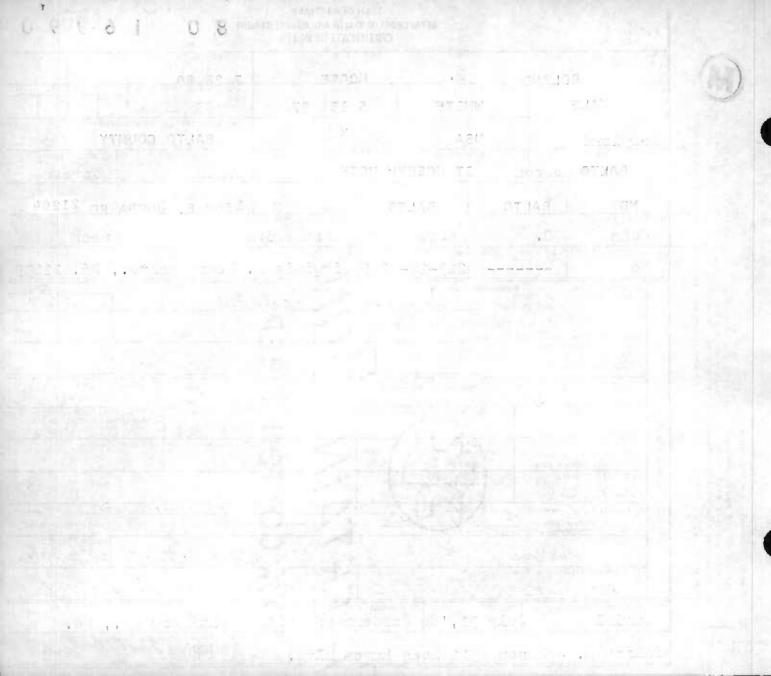
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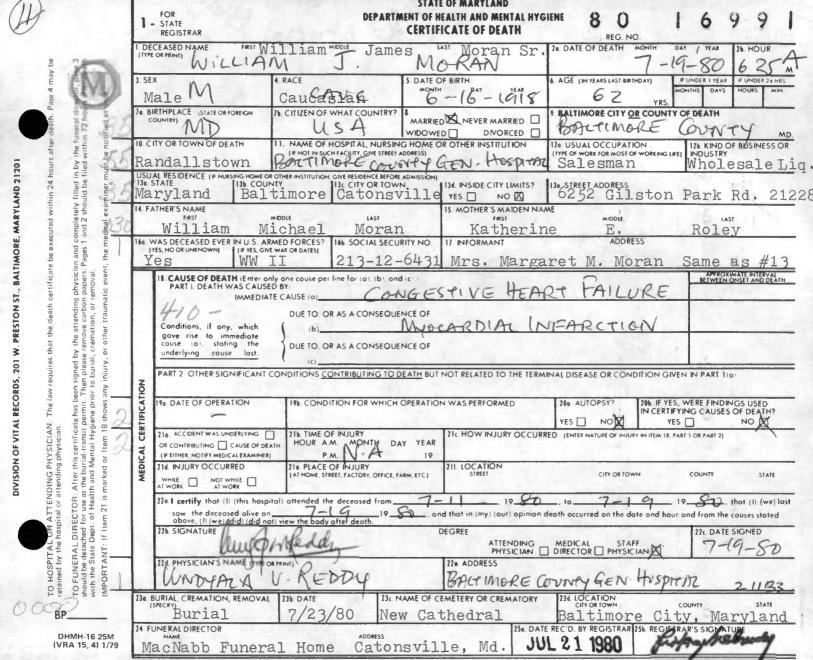
STATE OF MARYLAND

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		1 -	STATE REGISTRAR	DE	PARTMENT OF I	IEALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 0	1 6	9 9 0
-			CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
TEAN		17176	ROLAN	W.	N	100RF	7 28 80		M
The state of the s		3. SE		4. RACE	5. DATE	DE BIRTH	6. AGE IN YEARS LAST BE	RTHDAY) IF UNDE	ER 1 YEAR IF UNDER 24 HRS
to o			MALE	WHITE	MONI	13 DAY 9,7	83	YRS	DAYS HOURS MIN
dire	e e		RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8		9 BALTIMORE CITY		ATH
ero!	53 5		arvland	USA	WIDOW	DIVORCED T	BALT	COUNTY	
thir .	po -	_	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL N	URSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	TION 12b	KIND OF BUSINESS OR
o o	35 8	1	BAKTO Tows	on ST JO	SEPH HO	SP	Owner	OF WORKING LIFE) [N[Tavern
e fill	pe	USU	AL RESIDENCE HENHISING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION				Tavelli
2 should t	35		MD 136 COU	239 136. CITY O	ALTO	YES X NO '		terswoo	d Road
4	Can l		THER'S NAME	MIDDLE LA	51	15. MOTHER'S MAIDEN N	· ·		LAST
0	SOC.		John C.	Moor		Katheri			ess
5	2	16a V	VAS DECEASED EVER IN U.S. AF	VE MAN OR OR AVECT	L SECURITY NO.	17 INFORMANT	ADDI		
P 0	me		(IF YES, GIV	213-:	16-9369	Virginia	W. Moore I		
- lo	t, the		18 CAUSE OF DEATH (Enter of	inly one couse per line for ital.	(b), ong/(c).	-1101	////		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
WO.	veni		PART I. DEATH WAS CAUSE	ATE CAUSE (0)	· Ves de	ud Wo	1 prel che	en	1 deals
or re	tic e		5109	DUE TO, OR AS A CON	SEQUENCE OF				- (
on,	umotic		Conditions, if any, which	(b)	SECOLINCE OF			2 4 4 5	
mot	r tro		gove rise to immediate couse (a), stating the	2015 10 00 15 1 501	SEQUENCE OF				
, cre	athe		underlying couse lost	DUE TO, OR AS A CON	SEQUENCE OF				
pleo	', ar		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COL	NDITION/GIVEN IN	PARET(n)
to b	rolu)	Z	Near	V deseau	. /	0 - 1	nie Ros	ial ac	luce
LIOL	ou O	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V			20a AUTOPSY?	20b. IF YES, WER	E FINDINGS USED
D.	Sw.	IFIC					YES T NOT	IN CERTIFYING	CAUSES OF DEATH?
Hygie	oks —	ERT	216. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY		21c HOW INJURY OCCU		Target 1	
	E 9		OR CONTRIBUTING CAUSE OF DE						
Wen!	or Hem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
pu.	0	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COL	UNTY STATE
	ork k						28.50	6, 0	-
)	T S		22a. I certify that (I) (this hosp		100	, 19	, 10	, 19	, that (I) (we) lost
0	2 1			ot) view the body ofter death.	19 800 . 0	nd that in (my) (eve) opinion	n death occurred on the		the second secon
Dep	He		226. SIGNATURE	1 1/01		DEGREE	MEDICAL ST		C. DATE SIGNED
ote	<u> </u>		Mal	aul-	n	7 / ATTENDING PHYSICIAN	MEDICAL ST.		9 7441980
e St	IA		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	112-	22e ADDRESS		10/	.0
with the	MPORTANT		WALT	ER 1-1	SEES	/1/	onselen	Med	21111
5 3	₹		URIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF	EMETERY OR CREMATORY	23d. LOCATION		
		-	Burial	July 31, '80		ns of Fait	h Baltimo	re Co.,	Md.
1/76	4		JNERAL DIRECTOR			25a. D.A	ATE REC'D. BY REGISTRA	R 25b. BESISTRAR'S	SIGNATURE
///		Wi:	lliam E. John	nson 8521 Lo	och Rav	en Blvd. Jl	JL 30 1980	makery)	Machendy
		_							

STATE OF MARYLAND





to and said to The state of the s Marchall Company OSCI IS JUL HALL CARE TO SEE THE JUL 2 I 1980

	1	FOR	DEDAL	STATE OF RTMENT OF HEALT	MARYLAND	IVOITAIT.	
		STATE		L EXAMINER'S			6 9 9 2
	1 DE	REGISTRAR CEASED NAME FIRST	MEDICA		CERTIFICATE	REG. NO.	
Towns.		GEOR			MORRIS, Jr.	20. DATE KNOWN A MON OF ESTI- DEATH MATED 7	10 80 26 HOUR
£ 9683	3. SEX	X 4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS IF L	UNDER 1 YR. IF UNDER		741
Page .	m	ale white	12 / 1 /19/			MIN. PRONOUNCED 7	10 80 7:50
A SEA	76 BI	IRTHPLACE (STATE OR PREIGN COUNTRY)	76. CITIZEN OF WHAT CO		RIED NEVER MARR	BALTIMORE CITY OR COL	
5"3"	10.0	Maryland	U.S.A.	WIDO	WED DIVORC	Baltimore Co	
S Care		ITY OR TOWN OF DEATH	II. NAME OF HOSPITAL, I	VE STREET ADDRESS)	THER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WOR	OR INDUSTRY
S S		wings Mills	Rosewood Cer			None	None
S HECORDS 3	130 S	AL RESIDENCE (IF IN NURSING HOME) TATE 136 COU Fla. Cka	NTY 13c. C	NCE BEFORE ADMISSION) ITY OR TOWN 1811mar	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 1 Blenheim Road	, i.,.
AL AL	14. F/	ATHER'S NAME			15. MOTHER'S MAID	EN NAME	1,
DIVISION OF VA		George	Everett N	forris, Sr.	Louise		rningstar
2	16a. V	VAS DECEASED EVER IN U.S. A	MED FORCES? 166. S	OCIAL SECURITY NO.	17. INFORMANT	(father) ADDRESS	
5	,	No North Nor	WAR OR DATES)	None	Mr. George	e E. Morris, Sr.	Same as
		18. CAUSE OF DEATH (Enter of	nly ane cause per line far (a),	(b), and (c).)		worris, Sr.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I DEATH WAS CAUS	TE CAUSE (a) Seizu	ure disorder	r		BETWEEN ONSET AND DEATH
A	1	1803	DUE TO, OR AS A C	ONSEQUENCE OF			
L, CREMATION, OR REMOVAL.		Conditions, if any, which					
CREMATION, OR REV		couse (a) stating the under		ONSEQUENCE OF			
		lying cause lost.	(c)				
	z	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO GEATH BUT NOT I	RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PA	ART 1 (a).	
)	ATIO	190. DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	WAS PERFORMED?		20. AUTOPSY?
L	Ĭ.						YES X NO []
2	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MON		HOW INJURY OCCURRE	ED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	
3	SICA	CONTRIBUTING CAUSE OF	DEATH P.M. 21e. PLACE OF INJU	19 PV (AT NOVE 1216 L)	OCATION		
	ME	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARA		STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK					
MAKTLAND, 21201		22s. I certify that I taak char	ge of the remains described o	bove, held on Auto	psy X, Inspectio	n , Inquiry , and in my	opinion
		death resulted from: Nat	iral causes X, Accide	nt , Suicide .	, Homicide .	Undetermined monner,	
		ACTUAL AAA	CAN		TITLE (SPECIFY)		TE
_	1	SIGNATURE // VV	N/ VX		M.D. Assistan	t MEDICAL EXAMINER SIG	TE 7-11-80
2		EXAMINER'S NAME	we w him	16 D	777	D 01	
-		(TYPE OR PRINT)	nn M. Dixon,			Penn St.	
	{ 5	URIAL, CREMATION, REMOVAL		C. NAME OF CEMETERY			OUNTY STATE
		Burial UNERAL DIRECTOR	7/15/1980	Veal Memoria	al Cemetery	Ft. Walton Beach	
		NAME E. Barnes	ADDRESS			REC'D, BY REGISTRAR 256. REGISTRAR	5 SIGNATURE
	F	leming Funeral	Service - Ber	oson. Md. 2	1018 JUL	1 5 1980	

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STATE OF MARYLAND

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61	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0	6 9 9 4
	ECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
TYPE	Mary	Agnes	Mulligan	July 19t	h 1980 6:35A M
3. SE	EX	4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rs of	Female	White	Dec. 11, 1897	82 YRS	
le. B	BIRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
NAD.	Maryland	USA	WIDOWED DIVORCED	Baltimore (County MD
0	CITY OR TOWN OF DEATH	LENOT IN SUCH FACILITY, GIVE STREET		128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Secretary	126. KIND OF BUSINESS OR INDUSTRY Fidelity &
USU	TOWSON JAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	ADMISSIONI		Deposit Co.
ESZ M	laryland V	Baltin	Ore YES NO [Charles Towe	A 1.79
examine examine	Patrick	J. Mullis	is, mother's maiden na gan Bridget	ME * MIDDLE	Flynn
0 16a. \	WAS DECEASED EVER IN U.S. ARI		JRITY NO. 17. INFORMANT	Rosser	Balto., Md.
event, the n		ly one couse per line for (a), (b), on		100501	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury, or other troumotic	Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (c) Chronic	cive Heart Failur ENCE OF C Obstructive Pul DEATH BUT NOT RELATED TO THE TERA	monary Disease	SIVEN IN PART 1(0)
8 shaws ony injur	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\text{ NO } \text{ \text{ NO } \text{ }
_ / /	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (1F EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 1	B, PART 1 OR PART 2]
W W	216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218. PLACE OF INJURY LAT HOME, STREET, FACTORY OFFICE, I	ARM, ETC.)	CITY OR TOWN	COUNTY STATE
: If them 21 is marked	220.1 certify that (1) (this hospii sow the deceased alive on above, (1) (we) (did) (did 226. SIGNATURE	tol) ottended the defeoses from 7-19 (s) view the body (the deoit	00	deoth occurred on the dote and h	, 19.80 , that (1) (we) lost our and from the causes stated 22c. DATE SIGNED 7-19-80
with the Stote Do	226. PHYSICIAN'S NAME (TYPE OF	skhuda.	22e ADDRESS	Road, Towson,	Md. 21204
230	BURIAL, CREMATION, REMOVAL (SECIEV)	7/22/80	Name of CEMETERY OR CREMATORY New Cathedral	23d. LOCATION CITY OR TOWN Balto	COUNTY STATE Md.
m 1//0	FUNERAL DIRECTOR Henry	y W. Jenkins & Balto., Md.	Sons Co. 250. DA 21212	TE REC'D. BY REGISTRAR 256, POGI	STRAR'S SIGNATURE

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Balto., Md.

Leonard J. Ruck, Inc.

FOR

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(VR A 15 (4)) 9/74

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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		1 -	FOR STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HY	GIENE 8	O REG. NO	. 1 ,	6	9	9 7
			CEASED NAME FIRST	N	IDDLE		LAST	20 DATE C	F DEATH	HTHOM	DAY	YEAR	26 HOUR
		(WILLIA	M		N	EAL			7	28	80	10:25
	1	3. SE	(4 RACE		5. DATE O		6 AGE (IN	YEARS LAST BIRTH	HDAY)	-	RIYEAR	IF UNDER 24
		-	fale	Whit		2 MONTH	- 25 - 08		72	YRS.	MONTHS	DAYS	HOURS /
1	_	C	RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIM	ORE CITY O	RCOUNT	Y OF DE	ATH	
5	1	Pe	ennsylvania	U.S		WIDOW	DI DIVORCED	Ba1	Ltimore	e Cou	inty		
		10 CI	TY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION		LOCCUPATION		12b	KINDO	F BUSINESS
5	0		Towson	Greater	Baltimor	e Med	ical Center	Farm			R	uff	Farm
	,	USU,	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUL		GIVE RESIDENCE BEFORE		1)34 INSIDECITY LIMITS?	13e STREET	ADDRESS		1.1	13.1	
5	5			timore	Baltim		YES NO		or Cai	re N	urs	ind	Home
-	\neg	14 FA	THER'S NAME	MIDDLE			15. MOTHER'S MAIDEN NA				124		11
1	30	W	Llliam .	WIDDLE	Neal		FIRST	NKNOW	MIDDLE			LAS	1
medicol e	7	160 V	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	55			
1	/]	()	res, no or unknown) (IF yes, giv	E WAR OR DATES)	218212-	2846	Mr. W. Oli	mon E	lander	Two			
ther	ŀ		18 CAUSE OF DEATH (Enter of				ILIX . M. OTT	.vel 1	laruy	UI		APPROXI	MATE INTERVA
ì	1		DART L DEATHDMAC CALICE	CD DV			intontinol 11				В	ETWEEN	INSET AND DE
		IMMEDIA	TE CAUSE (a)	assive_g	astro	intestinal bl	eedin	-		-			
			57/5		AS A CONSEQUE						8/1		
			Canditians, if any, which gave rise to immediate	(b) <u>F</u>	uptured	esoph	ageal varices	3			-		
her			couse (a), stating the underlying cause last		AS A CONSEQUE								
					irrhosis								
Ury.	1	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CC</u>	NTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEA	SE OR CONE	DITION GI	VEN IN F	PART 1(q	
_	\dashv	CERTIFICATION	190 DATE OF OPERATION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUT	OPSY?	20h IF YE	S WER	E FINDIN	NGS USED
0	1	FIC.	The Date of Great to	17.0	norrow rimer	OT ENTITIO	THO I DAY ON MED			IN CERT	IFYING (OF DEATH
é –	3	ERTI	21g. ACCIDENT WAS UNDERLYING	216. TIME O	IN ILIPY		21c HOW INJURY OCCUR	YES X	NO [1	ES X		№ □
lem 18	Н		OR CONTRIBUTING CAUSE OF DE		A. MONTH DA	AY YEAR	ZIC NOW INJOKY OCCOR	CKED (ENIER	ATURE OF INJUR	IT IN IIEM 18.	PARTIOR	. PART 2)	
		ICA	(IF EITHER, NOTIFY MEDICAL EXAMINER			19	1011 100 111011						
	- 1	MEDICAL	21d. INJURY OCCURRED	21e PLACE (DE INJURY EET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET		CITY OR TOW	/N	COL	UNTY	STAT
		_	AT WORK NOT WHILE AT WORK							00			
	- 1		226. I certify that X (this hasp sow the deceased alive or	ital) attended the	deceased from_		y 28 19 80		July	28	. 19	30	that X (we
	- 1		sow the deceased alive or abave, 왕기(did) (dix)			, 0	nd that in (my) (aur) opinion	death accuri	ed on the do	ite and ho			
			22b. SIG 141199	11			DEGREE				22		SIGNED
			luc.	a o	u.		ATTENDING PHYSICIAN	MEDICAI	STAF	IANX		7-	28-80
	\exists		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e ADDRESS	W 1 1 1 1 1					
			Charles C.	Brown,	M.D.		6701 N. Ch	narles	St.	Towso	n, 1	id.	21204
MICKEL		23a. E	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOC	ATION				
		6	remation	7-31			ew Mem. Par	k Bal	timor	re	COUNTY	Mar	rylan
•		_	JNERAL DIRECTOR	1, 0.				TE REC'D. BY			TRAR'S		
6			SSAHN FUNERA	T LIOME	ADDRESS	101-	1 // 11	G 04	1980	Trois	try	tre/s	acett.
		Litt	DATEN TONDING	L HUPE	POIL DE	TaTI	Noau						7.7

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The Power of the State of the S	3 SE 70. 8	X MALE IRTHPLACE ISTATE OR FORE OUNTRY) MARYLAND	41LIP 4 RACE WHI	N.	DATE OF BIRTH	JULY	7, 1980	10
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ot of Healt		220 I certify that (I) (the saw the deceased above, (I) (we) (did 226, SIGNATURE	- A	19	ond that in (my) (our) apini-		ote and hour and from	the causes state
IMPORTANT: If		224 PHYSICIAN'S NAM	- Nh	un, m.	ATTENIDING	MEDICAL STAF	F _ 7	18/10
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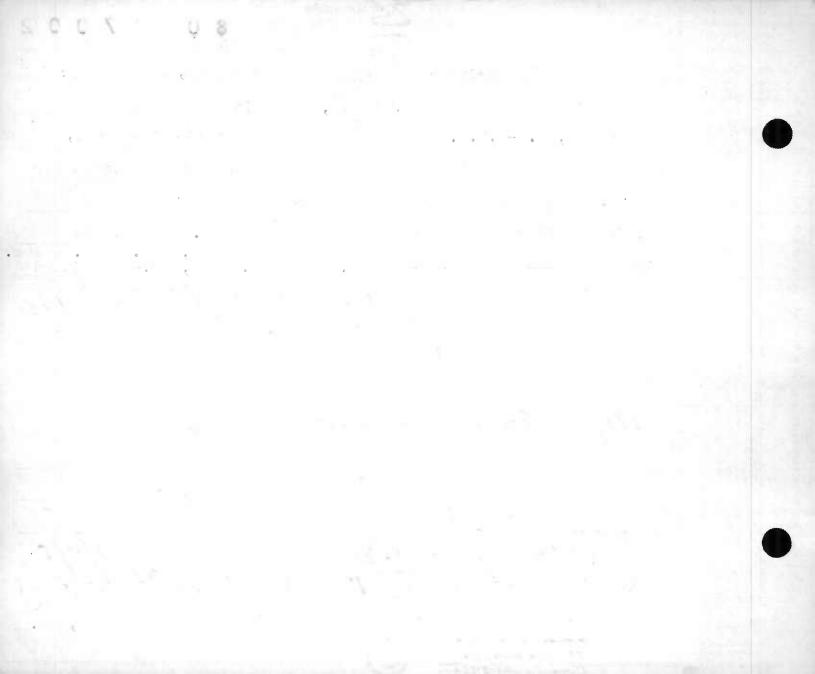
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 2b. HOUR I. DECEASED NAME (TYPE OR PRINT) revolve Alvin NILSON 80 IF UNDER 1 YEAR IF LINDER 24 HPC 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) 4 RACE 1 SEX DAYS MONTH 3-1893 wheto male 86 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Bello C. New York U.S. A. WIDOWED 12b. KIND OF BUSINESS OR 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g. USUAL OCCUPATION 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Monotype Machinists Kenwood USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 5003 Ken wood Are Dallo NO TO 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Charles Nilson Emma Charlotte Anderson August ADDRESS 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 216-07-0534 Elizabeth K. Nolson 5003 Kenwood Ave. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c. PART I. DEATH WAS CAUSED BY: Cardio Pulmonary Arrest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF cre had Vascular Accident Conditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF couse (o), stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NON YES T NO [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE march 22a.1 certify that (I) (this hospital) attended the deceased from. 19 500 7.25 and that in (my) (a) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ above. (I) (was | (did) (dataset) view the body ofter death. 22c. DATE SIGNED DEGREE 22h SIGNATURE ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be del with the Stote IMPORTANT: 22e. ADDRESS THE PHYSICIAN'S NAME TWO GOPPING In: Re Bullo 21236mal LOHN C. Hule 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE CITY OR TOWN Burial 7-29-80 Balto., Md. Parkwood Cemetery Balto. PEGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 25M LASSAHN FUNERAL HOME 7401 Belair Rd. (VR A 15 (4)) 9/74

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEA REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-NATALIE 'A. NOBLE 80 4. RACE SEX DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1/YR. JE LINDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED female negro 80 1 938 6 42 To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Baltimore County Maryland
ID. CITY OR TOWN OF DEATH USA WIDOWED DIVORCED 126. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 1757-A Champlain Dr. Balto. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 113h, COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md Balto. YES X NO E 1757 Champlain Dr. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VITA MIDDLE MIDDLE Nathaniel Pollard Alma R. Wallace 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) 212 34 7545 Alma R. Wallace 1542 N. Fulton Ave 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple stab wounds IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [a] CERTIFICATION 19a. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES AND 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING A OR Subject found stabbed. CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY JATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) .757-A Champlain Dr. Champlain WHILE AT WORK Balto. MA. PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: 1 220. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Homicide X death resulted fram: Natural couses Undetermined manner TITLE (SPECIFY) ACTUAL MD Assistant MEDICAL EXAMINER DATE 7-19-80 SIGNATURE Ann M. Dixon, M.D. Ill Penn St. EXAMINER'S NAME. (TYPE OR PRINT) 23a, BURIAL, CREMATION, REMOVAL 23b, DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Baltiko re Burial 7-23-1980 Loudon Park Cem. Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 CGISTRAR'S SIGNATURE **DHMH - 17** Isaiah L. Brown & Son PA 1913 W. Balto. St. VR A15 ME (5))

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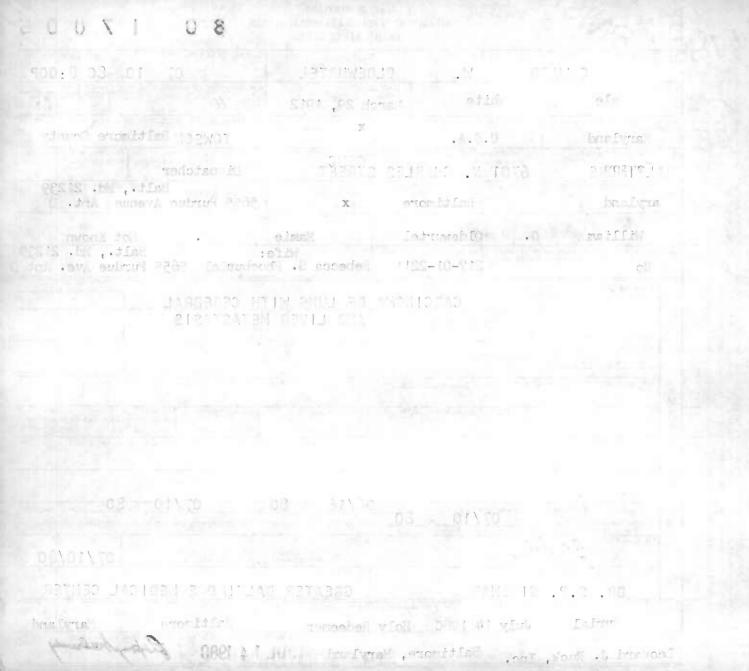
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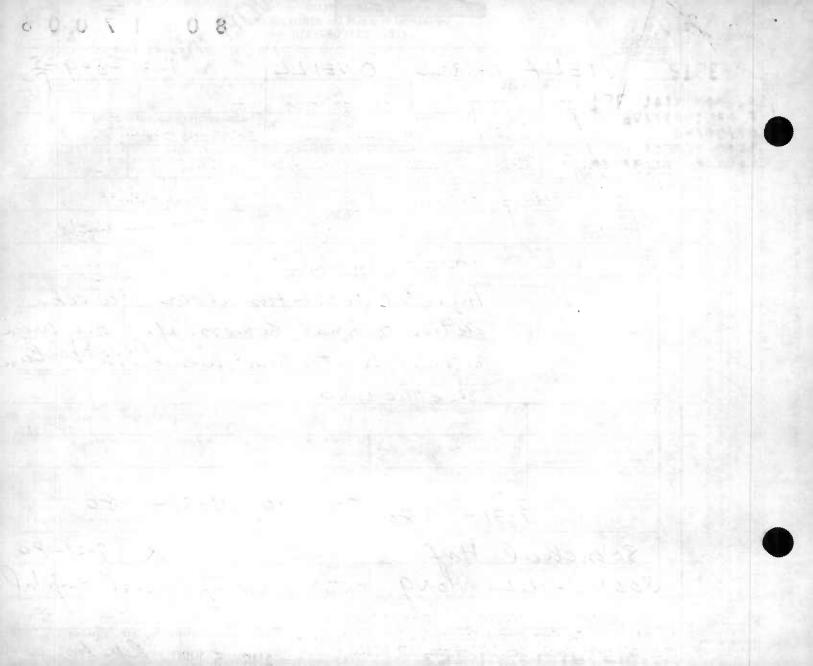


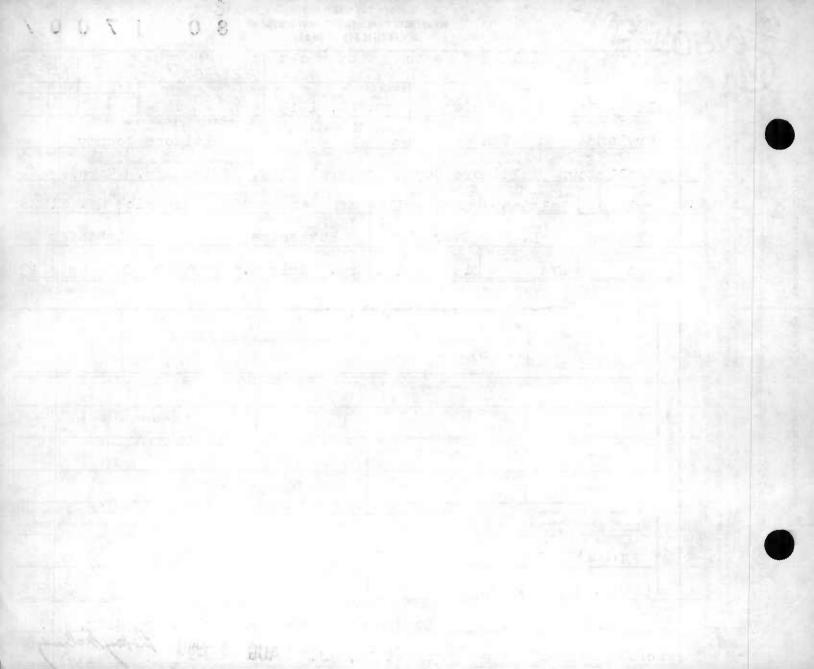
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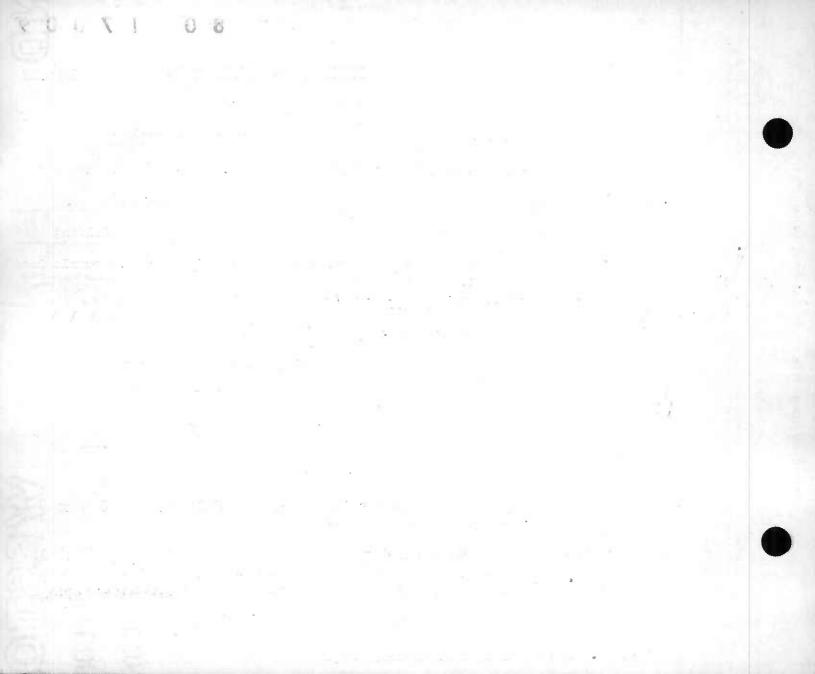




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	STATES.	J. SE.		5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	DAY YEAR 13 HOUR
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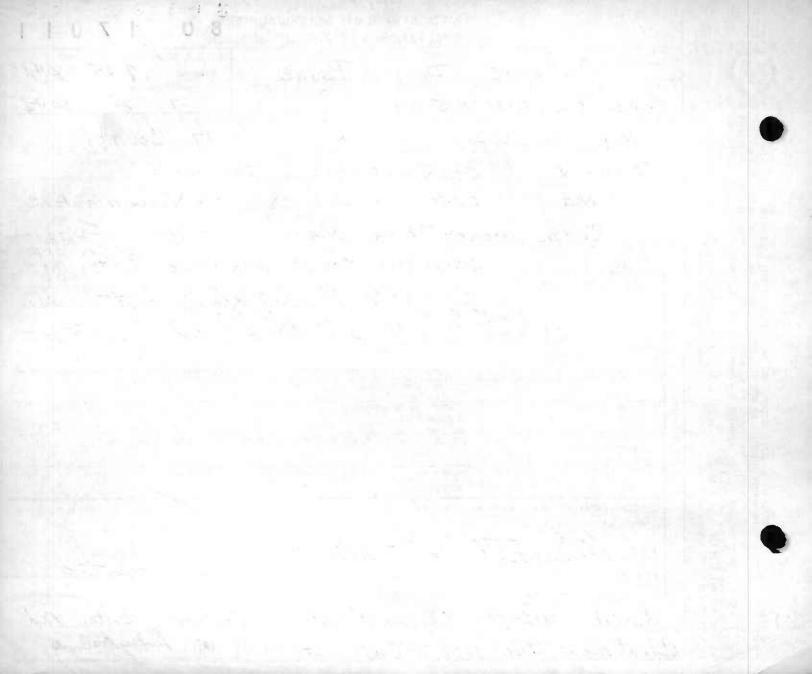
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Ruck Towson Funeral Home, Inc. Towson, Maryland



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1		STATE OF MARYLAND		
		DEPARTMENT OF HEALTH AND MENTAL HYGIENS		-
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	101	
HEALTH DEPT.		DECEASED-NAME First Middle Last 2a DATE KNOWN Month	Day Year 2	b. HOUR
TARY .		(Type or Print) OF ECTI.	25 1980 1	12.22
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FOR

REGISTRAR

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INDUSTRY Home 13e STREET ADDRESS 811 Lenton Ave. Balto. Md. Lans Mrs. Mabel Moran-307 E. Melrose Avenue APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH lesotu Cardio vascular de PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(5) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22t. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 2LATIMER STATE COUNTY 25 TATE REGID. BY REGISTRAR HILL REGISTRAR 24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 Mitchell-Wiedefeld Home-6500 York Rd. 21212 (VR A 15 (4))

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

MONTH

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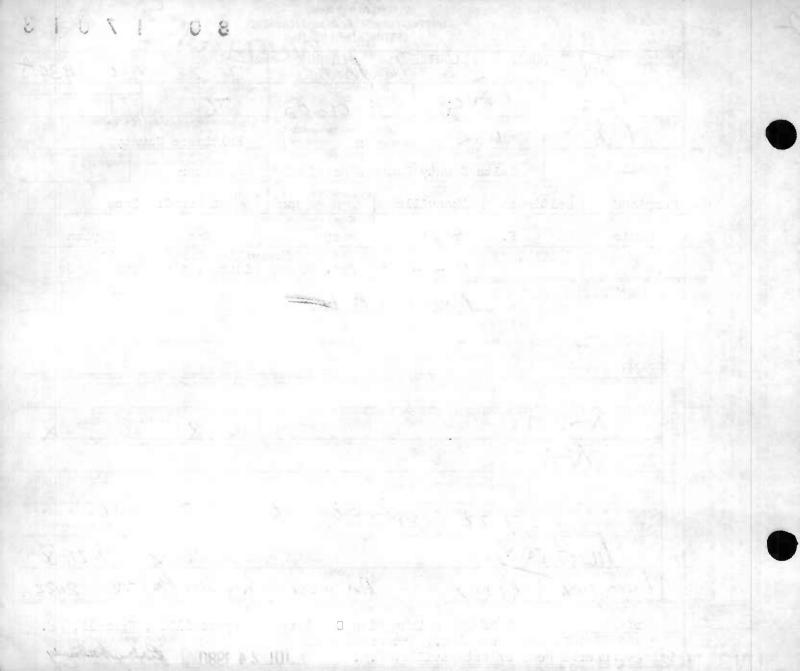
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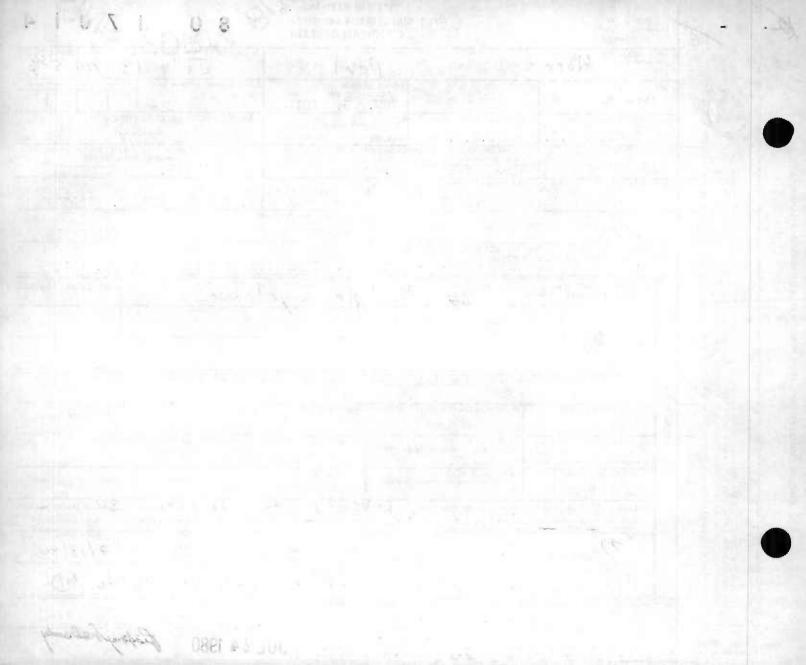
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		FOR	DEPARTA	STATE OF MAKTLAND SENT OF HEALTH AND MENTA	I HACIENE &	1701
18	1	- STATE REGISTRAR	DET ARTH	CERTIFICATE OF DEATH		
2.5 2.5		CEASED NAME MOTE		Perl	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 5 39
	3. SE	male	4 RACE WHITE	S DATE OF BIRTH MONTH DAY NOV. 5. 1918		HDAY] IF UNDER I YEAR IF UNDER 24 F MONTHS DAYS HOURS M YRS.
		IRTHPLACE (STATE OR FOREIGN OUNTRY) ASHINGTON, D.C.	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIEI WIDOWED DIVORCES	BALTIMORE CITY O	R COUNTY OF DEATH
ed with m		BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 6103 WESTCLIFF	G HOME OR OTHER INSTITUTIO		ON 12b. KIND OF BUSINESS INDUSTRY
uld be fill	130	MARYLAND BALT	TOTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW BALTIMORE	N 134 INSIDE CITY LIM		
dical exa		ISADORE	PERL	15. MOTHER'S MAIDE PAULINE	MIDDLE	GOLDSTEIN
t, the m	160	NAS DECEASED EVER IN U.S. AR YES, NO ORUNKNOWN) YES WW II	MED FORCES? 166 SOCIAL SECULAR OR DATES). 215-10-0		ADDRE A PERL 6103 WES	TCLIFF DR. #21209
noval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ally ane cause per line far (a), (b), and	Muttole m	valous a	APPROXIMATE INTERVA BETWEEN ONSET AND DE
to burial, cremati by injury, or other	NO.	gave rise to immediate cause (a), stoling the underlying cause last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE		E TERMINAL DISEASE OR CONI	DITION GIVEN IN PART 1(0)
shows an	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	706. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
Mental Hygiene		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	CCURRED (ENTER NATURE OF INJUI	Y IN ITEM 18, PART 1 OR PART 2)
th and Mi	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY JATHOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.) 211 LOCATION STREET	CITY OR TOV	VN COUNTY STATE
tem 21 is		sow the deceased alive on above, (1) (init) (did) (did no	tol) ottended the deceased from 19 5		pinion death occurred on the de	5) 19 60 , that (I) (was the ond hour and from the couses state
TONERAL DINECT Jid be detached for use the State Dept. of I		226. SIGNATURE PARS 22d. PHYSICIAN'S NAME (TYPE O	all a. Levin	DEGREE ATTEND PHYSIC	ING MEDICAL STAI	7/18/80
should be detaction with the State	22	Marshall	1 A. Levina	711 W	1, 40th St	, Balto, MD
		BURIAL, CREMATION, REMOVAL SPECIES BURIAL	7-20-80 BAL	THE PREM	CONG. REISTERST	
MH-16 25M A 15, 4) 1/79	24 F		VINSON & BROS., ERSTOWN RD., BALT	2110.	JUL 2 4 1980	fretz y



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1			STATE OF MARYLAND
A.	0	11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES 0 1 7 0 1 6
8)	.,	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
1)	X	1. D	ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 226, HOUR_
		(1	OF ESTI- A 235
	EASE OR. ES,		
	HG FOE	3 5	MONTH - DAY - YEAR LAST RIBTHDAY)
	HARRIERY.		M W 3/27/41 39 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD JULY 2,080 C165
	SSA	70.	BIRTHPLACE (STATEOR 7). CITIZEN OF WHAT COUNTRY? 8.
	NECES FOR WITH W. PR	0	
	N. S. S.	10.0	
	AY IS I	3	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY
	DELAY I TO THI V PAGE BE FILE		MODLE RIVER 3503 HONEY SUCKLE LA STATE
	E = 0 R		JAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136, COUNTY 136, CITY OR TOWN 13d, INSIDE (ITY LIMITS? 13e STREET ADDRESS.
21201	AND AND RETAHOULE	5 136.	STATE 136. COUNTY 136. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 136 STREET ADDRESS. MID BALTO MIDDLE RIVER YES NO B 3.503 HONET SUCKE
21	S. L. A.	14	FATHER'S NAME 15. MOTHER'S MAIDEN NAME
Q.	EATH. IF AND PM 3. RET ND 2 SHOU		FIRST MIDDLE LAST FIRST MIDDLE LAST
m,	DE ANI P	9 /	HENRY C., PETRY JEWELL WAITTEN
Ö	FORM PM FORM PM FOR AND SS 1 AND SN OF VIT	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 17. INFORMANT
W. PRESTON ST., BALTIMORE, MD.		1	PES VIET NAM 217-38 9048 LIVE PETRY ABOVE
BAI	URS AF B. GIVE WITH PAGE DIVISIO		APPONYMATE INTERVAL
H.	JOU JOU JOU JOU JOU JOU JOU JOU JOU JOU		PART I DEATH WAS CAUSED BY:
Z S	IN 1EM 18 IN ITEM 18 R ALONG SIT PERMIT HYGIENE,	6 3	IMMEDIATE CAUSE (o) Set - William Wound
010	A A B A B A B A B A B A B A B A B A B A		1559 (DUE TO, OR AS A CONSEQUENCE OF
OK.	CIL I		Conditions, if any, which gave rise to immediate (b)
, ×	ENCIL IN AMINER A TRANSIT ENTAL HYCE		cause (a) storting the under: DE TO, OR AS A CONSEQUENCE OF
	N PE EXA SIAL		lying cause last
3	XECUTED WITHIN G" IN PENCIL IN CAL EXAMINER A BURIAL-TRANSIT AND MENTAL HY ON, OR REMOVAL		(c)
DIVISION OF VITAL RECORDS, 301		-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6).
8	HOULD BE EX CHEF MEDIC USED AS A OF HEALTH	0	
8	HIEF HIEF USED OF HE	3	196. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
IA	ちもヨコロゴ	SZI E	YES NO Y
>	CERTIFICATE SHO ITING THE WORD DED TO THE CHI E 3 SHOULD BE US DEPARTMENT OF PRIOR TO BURIAL,	CERTIFICATION	216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED, (ENTER NATURE OF INJURY IN (IEM 18 PART 1 OR PART 2)
0	THE OULD OULD RYME	- 2	UNDERLYING OR HOUR AM MONTH DAY YEAR
Ó	S THE	2	CONTRIBUTING CAUSE OF DEATH 23.30 M 7 1 1980 Self - whiched wound
VIS VIS	3 S DEP	MEDICAL	21d. INJURY OCCURRED 31d. INJURY OCCURRED
, 5	WRITING WARDED WAGE 3 S FATE DEF	1	WHILE AT WORK AT WORK X STREET, FACTORY, FARM, ETC.) 3503 HONEY SUCKLE LA. BALT., MD. 21220
			22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my apinion
	and the control of the control	280	death resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined manner,
	EXAM CERTI ULD B DIREC WITH		TO ALL (SPECIFY)
	CAL EXA THE CER SHOULD RAL DIR ATH, WI		SIGNATURE J. C. 10than Offenera M.D. Defirty MEDICAL EXAMINER SIGNED 1780
	SEA	_	
	LA PED	0	TYPE OR PRINT) J. CROSSAN O'DONOVAN ADDRESS 2112 Dundalk the. Balto, Md. 21222
	FXECUTE THE CPAGE 4 SHOUT TO FUNERAL RAFTER DEATH, BALTIMORE, MA	22-	
1900	7 40	130	ISPECIFY) CITY OR TOWN COUNTY STATE
	BP		
	DHMH - 17		FUNERAL DIRECTOR 250 DATE REC'D BY SECTION ADDRESS
	(VR A15 ME (5)) 15M 7/76		J.G. CONNELLY 300 MACE

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	1			STATE OF MARYLAND		11 11
to	1	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 0 1	7018
	1.	DÉCEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH DA	YEAR 26 HOUR
			NORE	PILARSKI	7 19	80 12:00
18	JA.	SEX	4 RACE	5. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
430	91)	Female	White	03 08 28	52 YRS.	
1	Æ	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
137	it.	Maryland	USA	WIDOWED DIVORCED	BALTIMORE COU	NTY "
50	10	TOWSON	(IF NOT IN SUCH FACILITY, GIVE STREET	AG HOME OR OTHER INSTITUTION ADDRESS) CHARLES ST.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Salesclerk	126 KIND OF BUSINESS OF INDUSTRY Hecht Co.
- mus	Ü	SUAL RESIDENCE HE NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)		1100110 000
ine I		STATE 136 COU	timore Overle		33 Henry Avenu	10
xam		FATHER'S NAME	ormore Overre	15 MOTHER'S MAIDEN NA		- 114
è S	20	Attilio	D Amb	rogi Micheli	na middle	Porcu
med	16	WAS DECEASED EVER IN U.S. A		- 0 -	ADDRESS	20204
the		NO (IF YES, GO	216-24-	8645 Andrew J.	Pilarski 4225	Slater Ave
event,	-					APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
traumatic ev		PART I. DEATH WAS CAUS	inly ane cause per line far (a), (b), ar	RESPIRATORY ARRI	FCT	BETWEEN ONSET AND DEAT
rinjury, or			DUE TO, OR AS A CONSEOU	DEATH BUT NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
shows an		190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
Item 18	7	OR CONTRIBUTION C CAUSE OF D	HOUR A.M. MONTH D	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18. PA	
arked or Item 18 sho	100	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
marked	3	WHILE NOT WHILE D	LAT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.	CITY OR TOWN	COUNTY STATE
is m			pital) attended the deceased fram.	7-14 12-80	to 7-19	9_80_, that (I) (we)
21		saw the deceased alive of	n19		death accurred an the date and haur	
Item		abave, (I) (we) (did) (did r	at) view the bady after death.	DEGREE		22c. DATE SIGNED
=		Affarao	N. V. Kangur	AA (A ATTENDING	MEDICAL STAFF DIRECTOR DHYSICIAN	7/19/80
IMPORTA	1	224 PHYSICIAN'S NAME (TYPE		22e ADDRESS		/
MPORTANT:	1	A. VANGUR	I. M.D.	GBMC-6701	N. CHARLES ST.	
2	23	BURIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
		(SPECIFY) Burial	7/23/80 Mc	st Holy Redeeme		Md.
	2	FUNERAL DIRECTOR			TE REC'D BY REGISTRAR 256. REGISTR	AR'S SIGNATURE
5 25M 4) 1/79		Lassahn Funer	al Home 7401	Belair Road	11 2 3 1980 Junto	y Browning
	1.4	Act a course a course		- UL	A DESCRIPTION OF THE PROPERTY	4 4

PRINTS TOWSON GRMC-6701 M. CHARLES ST. S. Lo clore COUNTY TOWSON GRMC-6701 M. CHARLES ST. S. Lo clore County Carrier Deltance County of E. 27 ions vonue Lilio I towns i Cidnolina Source CAROLING I TOWNS I Cidnolina Source CAROLINGHA LEFT PREAST WITH METASIASIS 7-1A E. E. 7-13 E. VAMBURI. M.D. GROG-6761 M. SHAPLES TT.	00:21 00 00 00	INCTAL	9 3	ROWALIR
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		63 4:-5		
. VANGURI. M.D				

				STATE	OF MARYLAND			
11	1	FOR STATE REGISTRAR		CERTIFI	EALTH AND MENTAL HYG CATE OF DEATH	REG. NO.	17	0 1 9
M		CEASED NAME FIRST Watson	n Blake	Po	e Jr.	June 21,		6 A
nce.	3 SE	x Male	RACE White	5. DATE OF MONTH	F BIRTH 20, 1922 TEAR	6. AGE (IN YEARS LAST BIRTHOAY	MONTHS DAYS	
72 hours		IRTHPLACE (STATE OR FOREIGN WEST Virginia	76 CITIZEN OF WHAT COUNTRY U.S.A.	2 1	NEVER MARRIED	Baltimore City or Co Baltimore	OUNTY OF DEATH	
ed within	7	ITY OR TOWN OF DEATH ROSSVILLE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Franklin Squ	ING HOME OF	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Business Mg)	RKING LIFE) INDUSTR'	
d be file	USU 13a M	AL RESIDENCE IF NURSING HOME OF STATE 13b. COUR Balt:	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION)		13. STREET ADDRESS WI 11540 Phi	nite Marsh Ladelphia	, Md. 2 Rd.
nd 2 shoul	14_F		MDDLE LAST Poe	Sr.	15. MOTHER'S MAIDEN NAM FIRST E lsie	WIDDLE	Faulki	ner
Pages 1 a	160	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GN YES WW	EWAR OR DATES		Evelyn Poe	Same as		DXIMATE INTERVAL N ONSET AND DEATH
ss been signed by the att nit. Then please remove prior to burial, crematii ows any injury, or other	CERTIFICATION	couse (o), stating the underlying couse last PART 2 OTHER SIGNIFICANT (OUE TO SA A COUSTO	DEATH BUT			b. IF YES, WERE FIND	DINGS USED
F 9 0						11	CERTIFYING CAUSI	
lental Hygiene or Item 18 sho		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH P.M.	DAY YEAR			YES 🗌	NO 🗌
sthe trinscentified to the state of the state of the state of them 18 shows marked or Item 18 shows	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	19	216 HOW INJURY OCCURP	YES NO	YES 🗌	NO [

7 0 8 nteam Blake No. Poe dr. Pane 21, 1950 6 A - Hitte - tico ero it is siningi, the reddin mare losoital .usiness Mr. effiveed SAITS DETEN OF EN ${f x}$ sipland soltimore white darsh ${f x}$ itselfinise. atron P. Roe Sr. Laie 295-1-901 The water of the Date of r. nors maley ... Off ore or altinor, r. write of the Stiff of the Stiff

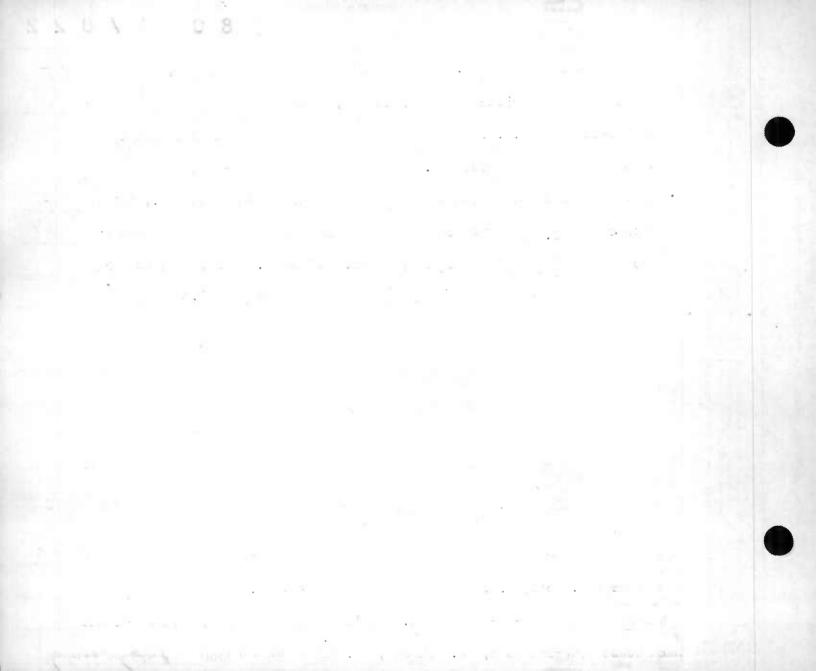
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	WELW, MISSON	. I write. P	\$ 10.05	OZeT	= 2

1	FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	0 11	7021
1. D (TY	PECEASED NAME FRST PE OR PRINT) Jeanett	e Ruby Proctor	LAST	7-30-80	DAY YEAR 26. HOUR
3 S	F F	RACE W	Dec. 5, 1894	AGE (IN YEARS LAST BIRTHDAY) AR 85 YRS.	FUNDER LYEAR IF UNDER 24 HRS MONTHS OAYS HOURS MIN
Ough Io	BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) Md e	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIE	I Kaltimore Co	
4	city or town of DEATH cockeysville	NAME OF HOSPITAL, NURSING AFFICIAL NURSING AFFICIAL NURSING AND	NG HOME OR OTHER INSTITUTION ADDRESS! ONIC HOME	178 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Homemaker	126 KIND OF BUSINESS OR INDUSTRY
13k	UAL RESIDENCE (IF NURSING HOME OR OT STATE 13% COUNTY Md. Balti	LIJE CITY OF ION		2006 D	Rd.
¥23c	FATHER'S NAME FIRST Samuel Cav		15 MOTHER'S MAID FIRST	Anna Anglier	LAST
1, the mee	WAS DECEASED EVER IN U.S. ARME 14ES, NO OR UNKNOWN) IF 4ES, GNE W.			Masonic Homes Cock	eysville, Md.
or to burial, command my on injury, as defined reas		DUE TO, OR AS A CHISEON OUE TO, OR AS A CHISEON (c) NDITIONS CONTRIBUTING TO	ACCO MELLO	COLLEGE OR CONDITION GIVE	y 6 has
Hygiene poloc to	1% DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
= = /	OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D P.M.		OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, I	PART 1 OR PART 2)
marked or to	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.] 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
PORTANT: If Isem 21 is	27a. I certify that (I) (first-hospital sow the deceosed alive on obove. (I) (wg) (dwd) (did not) v 77b. SECHATURE 27d. PHYSICIAN'S NAME (TYPE OR PR. Walter E. Ka	riew the body offer death.	DEGREE ATTENE PHYSIC	opinion death occurred on the date and had	19, that (1) (see) lost ur and from the causes stated 22c. DATE-SIGNED 7/3/
23n	BURIAL, CREMATION, REMOVAL (SPECET) BURIAL		NAME OF CEMETERY OR CREMA Loudon Park Cem.	CITY OF TOWN	county STATE
16 25M , 4) 1/79	FUNERAL DIRECTOR MITCHELL-WIEDEFE	LD HOME, 650	York Rd.	ANG 6 NOW REGISTRAR 25% REGIS	TRAR'S SIZE TATUDE

		ner-July Process		
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR				CERTIF	ICATE OF	DEATH	0	REG. N	0.	1 /	U	2 3
) DE	CEASED NAME	FIRST		MIDDLE	ı	AST		20 DATE OF	FDEATH	MONTH	DAY	YEAR	26. HOUR
11111	ORPRINT	Clar	rence	John		Rappo	ld			07	14	80	4:AAT
3 SE	х		4 RACE		5 DATE C		YEAR	6. AGE (INY	EARS LAST BIR	THD AY)	IF UND	ER I YEAR DAYS	IF UNDER 24 HRS
1	Male		Whi	te	06	20	1893	87		YR		DATS	HOURS MIN.
	IRTHPLACE ISTATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVE	R MARRIED	9. BALTIMO	RE CITY	R COU	NTY OF D	ATH	459
M	aryland		USA		WIDOWE		DIVORCED [Balt	imor	e C	ount	У	ME
10. C	ITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER IN	ISTITUTION	12a USUAL				KIND OI	F BUSINESS OR
	Overlea		6 E.	Overlea		nue		Mach	inis	t	Cro	wn.	Cork&Se
USU 130.	AL RESIDENCE (IF NUI	13b COU		N, GIVE RESIDENCE BEFORE		113d. INSIDE	CITY LIMITS?	13e STREET	ADDRESS				
M	aryland	Bal	timore	Overle	a	YES 🗌	NO 🔀	6 E.	Ove	rlea	a Av	enue	e
14. F	ATHER'S NAME FIRST		MIDDLE	LAST		15. MOTHE	R'S MAIDEN NA	AME	MIDDLE			LASI	
	John			Rappol	d	L	aura					Bec	ok
	VAS DECEASED EVE		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFOR	AANT		ADDR	ESS			
	No			214-01-	9790	Glor	ia Jon	es	452	8 F	tch	AVE	enue
	18 CAUSE OF DEA			er line for (a), (b), one	d (ci.)	1)		~	1			APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
	PARTI. DEATH		TE CAUSE (0)_	Cardio.	- Pa	Mon	ary (lireis	<u> </u>				
	4280		DUE TO, O	DR AS A GONSPAUL	NCE OF	~	17					0	0
	Conditions, if on		(b)_	Tulon	endly	, Gel	ena,	1				Ö	XII
	couse (o), state	ing the	DUE TO,	AAS A CONSECUTE	NCE OF	Sout	Tastla	il				8	De
	PART 2. OTHER SIC	NIFICANT	CONDITIONS	ONTRIBUTING TO	EATH BUT	NOT RELAT	ED TO THE TERM	MINAL DISEAS	E OR CON	DITION	GIVEN IN	PART 1(c)
NO.													
CERTIFICATION	196 DATE OF OPER	MOITA	19b CON	DITION FOR WHICH	OPERATIO	N WAS PER	ORMED	20e AUTO	OPSY?		YES, WER		GS USED OF DEATH?
TIF								YES 🗌	NOT		YES 🗌		NO 🗆
	OR CONTRIBUTING		A CONTRACTOR AND ADDRESS OF	OF INJURY	AY YEAR	71r. HOW	INJURY OCCUR	RED (ENTER NA	JURE OF HUU	ay in them.	III. PART I OF	PART 23	
MEDICAL	(WEITHER, HOTEY MED	CALEXAMINEE		.м.	19								50
WED	THE INJURY OCCU	HEED		OF INJURY THEET, PACTORY, OFFICE, P.	ARM, ETC.)	TH. LOCA			CITY OF TO	VIII	co	unity	SEATE
	AT WORK LAT M	ORK L			- 1	V/	-	1.00		11		-	1000
	saw the decad	The Alexander	ACT IT A	ofceased from_	80 8	nd that in im	y) (our) opinion	death accurre	d on the	ote obl	hour and t		that (1) (we) last couses stated
	776. SIGNATURE	9//	////	11	- 0	DEGREE	MANAGEMENT COMM	/			2	L DATE	SIGNED.
	1	111/	1/1	FI			PHYSICIAN [MEDICAL	PHYSK	IAN []	1	5,4	4 50
	224 PENSICIANS	AME AME	ogificat)			22e ADDR	ESS					VI	1
	Henry M	ark S	caglio	ola, M.D		971	2 Bela	ir Ro	ad				

23c. NAME OF CEMETERY OR CREMATORY

of Faith

BP. DHMH - 16 25M

(VR A 15 (4)) 9/74

should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal

MPORTANT: If Hem 21 is marked or Hem 18 shows any

njury, or other troumotic

24 FUNERAL DIRECTOR

FOR

230. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

7401 Lassahn Funeral Home Belair Road

80

23b. DATE

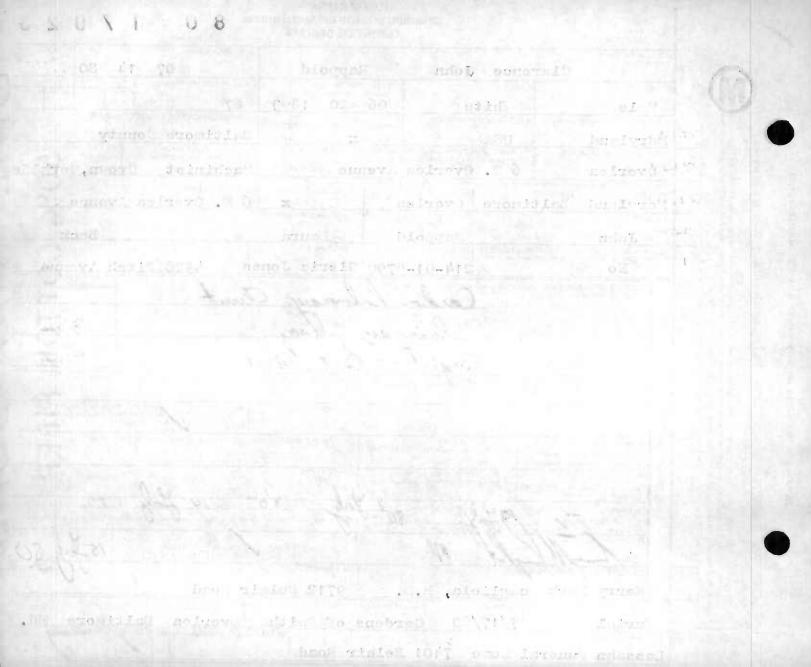
Baltimone Overlea 754. WALE RECUD, BY REGISTRAR 185. REGISTRAR 8 9 10 NATURE

23d. LOCATION

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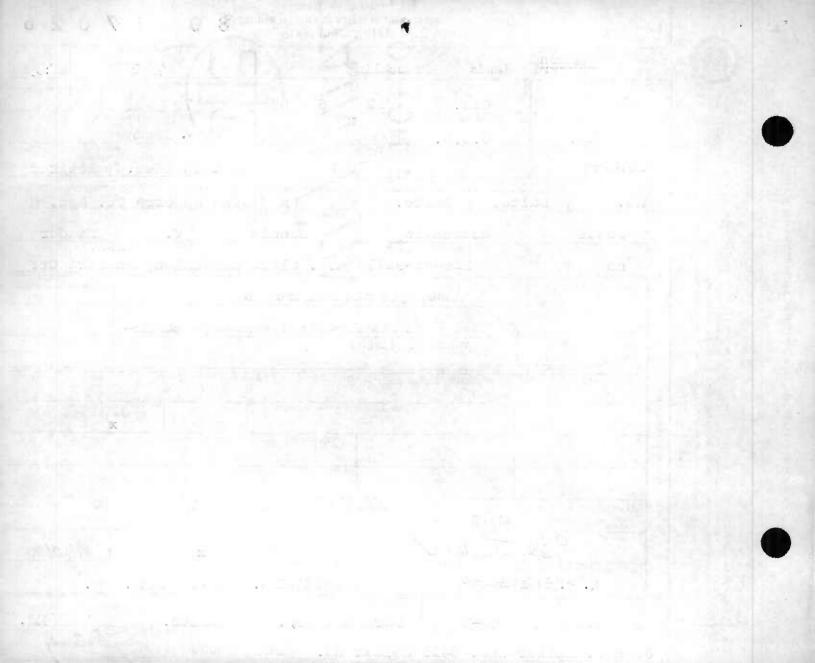
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7922 Wise Avenue, Dundalk, MD

(VRA 15, 4) 1/79

DET , MEREN, 1550 Table 1 Table 1 그래 1956 . 유리 아 한 아 나라면 보고 보고 !! 요리 !! 요리 !! 아들면 보고 그리, 것 DESCRIPTION OF THE PROPERTY LANDS Grand and and TO LEV. A. HE MAN O ... S. FOR AM, AN

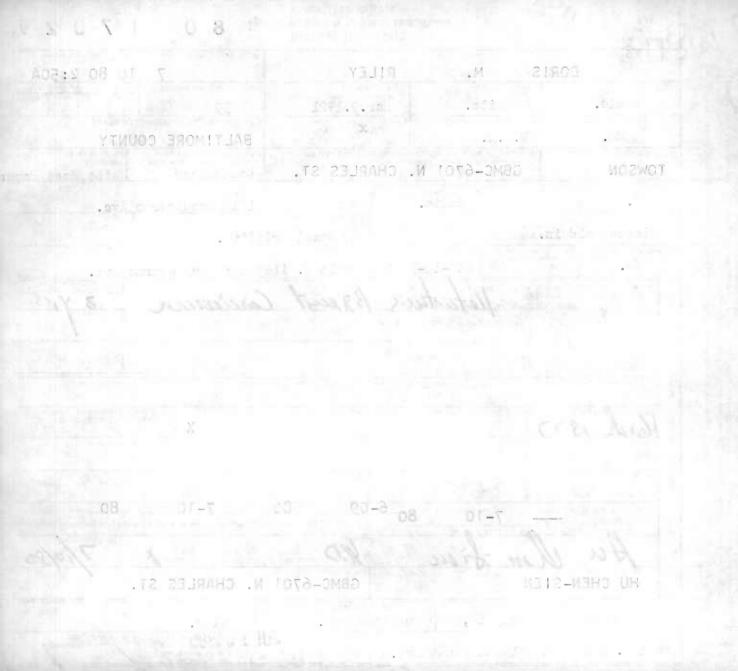
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH 26 HOUR Edmond TYPE OR PRINT Reuschling Lewis 80 02 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAY YEAR DAYS HOURS Male 12 Cau. 6 09 70 a BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED COUNTRY Balto. County Md. U.S.A WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore GBMC Western Elec. Retired DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 1136 COUNTY 13e STREET ADDRESS 13c CITY OR TOWN 13d INSIDE CITY HAITS? Md. Balto. 2910 Andorra Ct. Balto. YES T 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Louis Reuschling Nannie Hinder ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN LIE YES GIVE WAR OR DATEST 216-01-9217 Mrs. Clara Reuschling Andorra Ct. C no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY Acute Myocardial Infarction IMMEDIATE CAUSE IN DUE TO. OR AS A CONSEQUENCE OF severe arteriosclerotic &hypertensive cardio-Conditions, if ony, which gove rise to immediate DUE TO OR AS A CONSEQUENCE DE SE couse (0), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 CERTIFICATION 2 prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NOF YES DO NO F Hygier 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK 80 22a I certify that (1) (this hospital) attended the deceased from 9 80 _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED + ATTENDING MEDICAL STAFF be deto DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS d b R. BRELTENECKER GBMC 6701 N. Charles Balto. shoul 0 eto 0 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE STATE COUNTY BP 7-5-80 Md Buria Parkwood Cem Balto 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 FGISTRAR'S FIGNATURE DHMH - 16 50M 1/76 1980 (VR A 15 (4)) John C. Miller Inc. 6415 Belair Rd.



			STATE OF MARYLAND		
	FOR STATE REGISTRAR	DEPARTN	ENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 0	7027
	DECEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	TYPE OR PRINT!	1 CATHERINE	REYMAINS	7-	30-80 1-15A
3	SEX	4 RACE	S DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HR
. ee	FEMALE	NECRE	MONTH DAY YEAR	70 YRS	MONTHS DAYS HOURS MIN
70	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1	9 BALTIMORE CITY OR COUNT	Y OF DEATH
35	COUNTRY) MD	USA	MARRIED NEVER MARRIED WIDOWED DNORCED	BALTIMORE	COUNTY 1
25/	LAN DALLS TOWN	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A BACTO COUNTY		12e. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	125. KIND OF BUSINESS OF INDUSTRY
U U	SUAL RESIDENCE (IF NURSING HOME OR 13 STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	134 STREET ADDRESS	LICKES SA
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vent	IS CAUSE OF DEATH (Enter on	ly one cause per line for (o), (b), one			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
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other	Conditions, if ony, which gave rise to immediate	(p)	6 April 1		
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8	saw the deceased alive an obove, (1) (we) (did) (did na	19	ond that in (my) (our) opinion	death occurred on the date and ha	our and from the causes state
te p	22h. SIGNATURE	I) view the body after death	DEGREE		22c. DATE SIGNED
-	12 -14	1- Shah	ATTENDING	MEDICAL _ STAFF _	7-30-80
2	,		PHYSICIAN [DIRECTOR PHYSICIAN	1-30-00
MPORTANT	22d. PHYSICIAN'S NAME (TYPE O		22e ADDRESS		
O B	R-~	1. SHAH.	B C. G. H		
			AME OF CEMETERY OR CREMATORY	23d. LOCATION	
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<u>≅</u> 73	BURIAL, CREMATION, REMOVAL			MA D TOWN D W	DOUNTS 12 \$ 0 STATE
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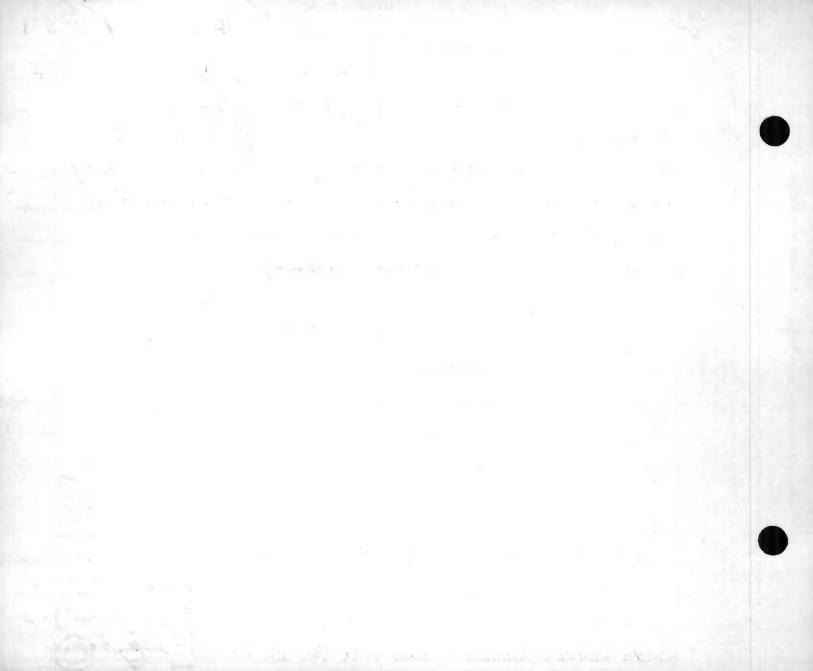
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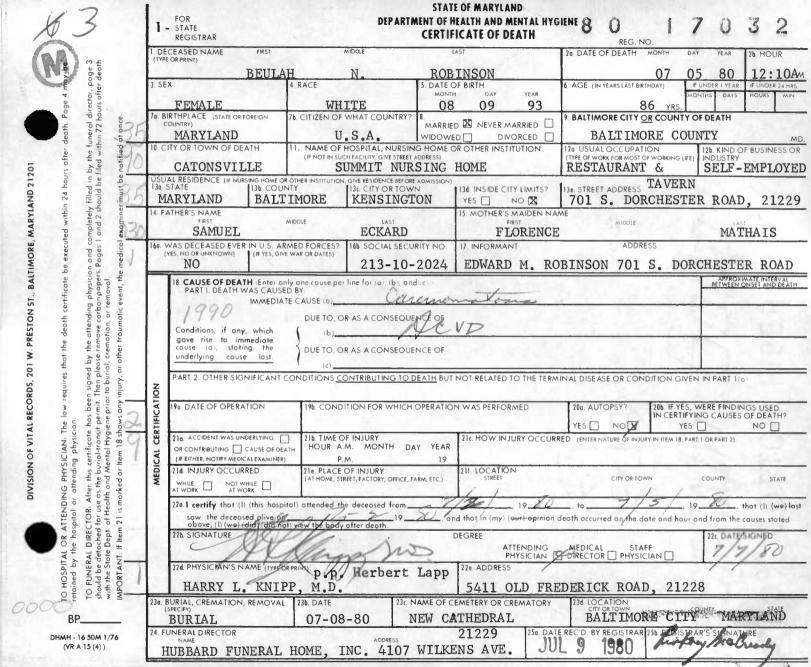


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	NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR THES. 7. PRESTANTET, C. C. C	3. SEX	a 1e	4. RACE white	5. DATE OF BIRTH	YEAR LAST BIRTHO	ARS IF UNDER 1 YR. AY) MONTHS DAYS		IRS. 2c. DATE	MONTH (6 ±00°
	SSAR)	7a. B	IRTHPLACE (S	TATE OR	7b. CITIZEN OF WHAT		8. MARRIED N		9 BALTIMORE CITY			P _M
	PECESSAR FUNERAL 5 FOR W. PRESI	1	DREIGH COUNTRY)	4.	USA	e Count	У	MD.				
	DELAY IS 3 TO THE IN PAGE 10 BE FILED 105, 301 V		SSEX	OF DEATH	311 Mace	AL, NURSING HOME Y GIVE STREET ADDRESS) A venue	, OR OTHER INSTITU	UTION 12a.	. USUAL OCCUPATION (FOR MOST OF WORKING LIFE)		OR INDUSTR	Y
21201	1. IF ANY DELAY IS NEC 2, AND 3 TO THE FUN 3. RETAIN PAGE 5 FG 5 SHOULD BE FILED, WI AL RECORDS, 301 W. P	USU/ 13e. S	AL RESIDENCE	(IF IN NURSING HOME OF	OTHER INSTITUTION, GIVE RE	SIDENCE BEFORE ADMISSING	13d. INSIDE	CITY LIMITS? 13e.	STREET ADDRESS	~		2
	H. IF 2, 4, 3, 1, 2, 8H 2 SH AL R	14. F	ATHER'S NAME	. 1 2			15. MOTH	IER'S MAIDEN N	AME	- 17	VE	
E, MD.	DEATH.		JOH/	VE.	ROARIX	LAST		FIRST - F- / E	MIDDLE .	4-1	VNK	1
BALTIMORE	A A A	16a, V	ES, NO, OR UNKNO		NED FORCES?	66. SOCIAL SECURITY	000		ADDRE	De	x 873	
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ST.,	24 HOURS ITEM 18. G LONG WIT PERMIT. PA GIENE, DIVI	113	PART I DE	ATH WAS CAUSED	- IIGI	(a), (b), and (c).) iging					APPROXIMATE I	AND DEATH
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	AL EX HE CE HOUL (AL DI E, MAI		ACTUAL SIGNATURE	Mouse	E meth	noll		intant	MEDICAL EXAMINER	DATE SIGNED_	7-23-80)
	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21:	_	EXAMINER'S (TYPE OR PRI	NAME Marga	arita A. Ko	orell, M.D	• ADDRESS_	111 Penr	Street			
00	PAC TO AFT	23a.B	URIAL, CREMA	TION, REMOVAL 23	7/ /	23c. NAME OF CEA	METERY OR CREMAT	ORY 23	d. LOCATION CITY OR TOWN	COUNTY	STA	ITE
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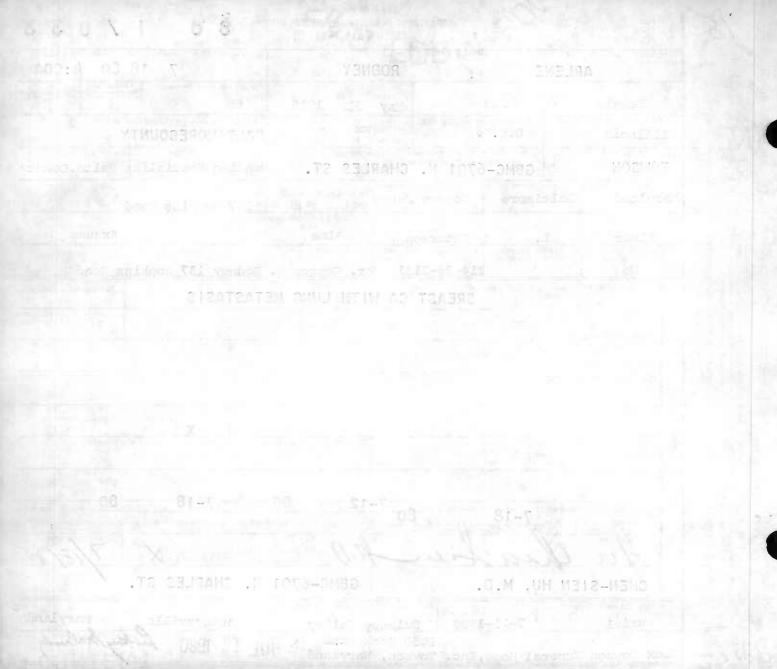
8	FOR STATE REGISTRAR	DEPARTMENT OF	HEALTH AND MENTAL HYGI FICATE OF DEATH	ENE 8 0 REG. NO.	1703
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exo ₃	John Fox Ko.	BERTS LAST	ADA ESTE	LLE FRANC	LAST
ent, the medical	(YES, NO OR UNKNOWN) (IF YES, GIVE V	NATION DATES) 166 SOCIAL SECURITY NO. 9/8-05-3425	FAMILY	/	APPROXIMATE INVERVAL BETWEEN ONSET AND DEATH
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ws any	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
	CO CONTRIBUTING CAUSE OF DEAT	P.M. 19		ED (ENTER NATURE OF INJURY IN ITEM	18, PART I OR PART 2)
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of Hea	saw the deceased alive an above, (1) (we) (did) (did not)	oil) attended the deceased fram19		, to death accurred an the date and	hour and fram the causes stated
e State Dept TANT: If them	22b. SIGNATURE	Heguntti.	ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	
A POR	22d. PHYSICIAN'S NAME (TYPE OR	HERNER	3313 PAR	PERMILLAD	PHOENIX 200
	BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL	JULY 14 80 POPLA	CEMETERY OR CREMATORY R GROVE	23d. LOCATION CITY OR TOWN COCKEYS VILLE REC'D. BY REGISTRAR 25b. RE	
16 20M , 4) 7/7B	FUNERAL DIRECTOR NAME SVANS CHAPEL OF	CHIMAS 3325	LORK RD IIII	1 5 1980	Hay Kelludy





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15/18		FOR	DEBAR	STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY	CIENE	
10	1 -	STATE REGISTRAR	VEFAR	CERTIFICATE OF DEATH	REG. NO.	1 / 0 3
	I. DEC	CEASED NAME FIRST OR PRINTS	MIDDLE	LAST	28 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
death death		ARLEN	E P.	RODNEY	7 1	8 80 4:004
3	3 SEX		4 RACE	S DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY	IF UNDER I YEAR IF UNDER 24 H
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251		RTHPLACE ISTATE OR FOREIGN	7. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	IBVI I IMUDELUIK	
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Biner Miles	ušu, Ma	AL RESIDENCE (# NURSING HOME OR TYLand 13 Ball	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO ROSETS	Forge 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 137 Hopkins Ro	ad
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134		Elmer I		7.7	MIDDLE	Krause
event, the m	{٧	No	214-38-3		. Rodney 137 Hopk	ins Road
vs any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TER	200 AUTOPSY? ZOB. IF YE	S, WERE FINDINGS USED
18 shov	TIFIC				IN CERTI	FYING CAUSES OF DEATH?
5 7		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE OF INJURY HOUR A.M. MONTH (DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18,	PART 1 OR PART 2)
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em 21		sow the deceased olive on above, (1) (we) (did) (did no	17	, and that in (my) (our) opinion	n death occurred on the date and ha	ur and from the couses state
ANT: If Item		276. SIGNATURE	en Lieu	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED
MPORIA		CHEN-SIEN H	IU, M.D.		N. CHARLES ST	г. /
	(:	urial, cremation, removal Burial	7-21-1980	NAME OF CEMETERY OF CREMATORY Dulaney Valley	Cockeysville	COUNTY Marylar
25M		INERAL DIRECTOR NAME CK TOWSON Funer	ADDRES 10		TE REC'D BY REGISTRAR 756 REG	The SIGHT Credy

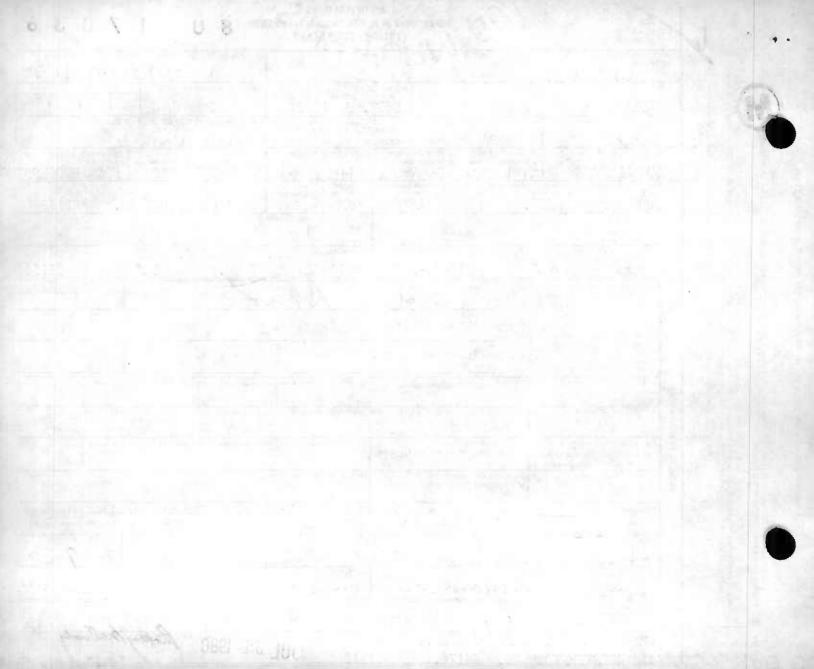


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TO NOT		RTHPLACE (S	White	76. CITIZEN	OF WHAT CO	-	T.			DEAD	OPE CITY	7 OR COUN	27	-	PN
PLEASE NEW DIRECTOR. O OUR FILES. WITHIN 72 HOURS W, PRESTON STREET.	FC	OREIGN COUNTRY)		1	1 5 A	014161;		NEVER MAR	RIED			more (
10, 11 O. 3. —	ID. C	ITY OR TOWN	OF DEATH /	11 NAME C	DE HOSPITAL	NURSING HOM	WIDOWED		IZa. USU	AL OCCUP	ATION OF	YPE OF WORK	DIZE KIND	OF BUS	MD
Page 1		Essex		(IF NOT IN	HODK 1	ns Cree	c		FOR M	OST OF WORK	(ING LIFE)	TE OF WORK	OR IN	DUSTR	
DEL 3 TC IN P	ÜSU	AL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITU	TION, GIVE RESIDE	NCE BEFORE ADMIS	SION)						CRA	0 19	POLSE
BALTIMORE, MD. 21201 JRS AFTER DEATH. IF ANY DELAY IS GOVE PAGES 1, 2, AND 3 TO THE WITH FORM PM. 3. RETAIN PAGE PAGES 1 AND 2 SHOULD BE FILED, W DIVISION OF WITH RECORDS, 301 W. IS	13a. S	MO	HA.	RFORE	13c. C	BELAIR	130	d. Inside city limits? Yes \(\text{NO (C)}		ET ADDRES		ENU	1000		RD
RE, MD. 2 R DEATH. III R DEATH. III R M PU 2 SI OFWITAL	14 F	ATHER'S NAME		MIDDLE		LAST	15	. MOTHER'S MAIL	DENNAME	MI	DDLE		LAS	51	
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OUR 18. V 3. W 11. P	1	18 CAUSE O	F DEATH (Enter on ATH WAS CAUSE	ly ane couse p						35.133			BETWEE	OXIMATE N ONSET	INTERVAL AND DEATH
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WITAL MAN		gove ris	se to immediate	(b)	0.00.00.0					100				2000	
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6	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 O	170	3 8
	1. DECEASED NAME FIRST	WIDDLE		AST	REG. NO	O. MONTH DAY YEAR	In House
	(TYPE OR PRINT) Marie	Philomena	Ryar		TO DATE OF DEATH	7 21 80	12:00 pm
To Do	3. SEX	4. RACE	5 DATE C	FBIRTH	6 AGE (IN YEARS LAST BIRT	THDAY) IF UNDER I YEA	IR IF UNDER 24 HRS
ons of	Female .	White	8-		85	YRS.	S HOURS MIN
72 hor	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	TRY? 8 MARRIE	NEVER MARRIED	_	R COUNTY OF DEATH	
5 5 5	Maryland O CITY OR TOWN OF DEATH	USA 11. NAME OF HOSPITAL, NU	WIDOWE		Baltimore		MD
by the filled with	Catonsville	Little Siste	rs of th		Omestic	F WORKING LIFE) INDUSTR	of BUSINESS OR
olua ESS	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)		13e STREET ADDRESS 5918 Edna		
	4 FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAME FIRST Sara		Cro	AST 1
	60 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE		IIII
s. Pages 1	(YES, NO OR UNKNOWN) (IF YES, GIV	217-2	2-3022	James J. Rya	n 1116 Newf	field Road,	21207
by the afterding physical of by the afterding physical carbon papers rial, cremation, ar remaval ar at the traumatic event, the	PART I. DEATH WAS CAUSI IMMEDIA Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONS	ESTURE OF S	Heart Flo	rébut	APPRC BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
Y. 5	PART 2 OTHER SIGNIFICANT	OUE TO, OR AS A CONSI		NOT RELATED TO THE TERMI	nal disease or cont	DITION GIVEN IN PART	l(a)
iene prior	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WE	HICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH? NO
	00.000.000.000.000.000.000.000.000	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)	
and	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d, IN JURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
for use as the of Health and 21 is marked	220.1 certify that (1) (this hasp sow the deceased alive or	ital) attended the deceased from		d that in (my) (aur) apinian d	, to eath occurred on the da		, that (1) (we) last
TO FUNERAL DIRECTOR, should be detached for us with the State Dept. of He MADRIANT: If Item 21 is	12h SIGNATURE & S.	Mykolden		ATTENDING PHYSICIAN	MEDICAL STAF	F	21/80
TO FUNERAL should be deti with the State	Robert B. McF			3350 Wilken	s Avenue, 2	21229	
2 ⊢ ∞ ۶ ≤	230. BURIAL, CREMATION, REMOVAL	23b. DATE	23c, NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
·	Burial	07-24-80	Baltimo	re National	Baltimore	e City Man	cyland
16 50M 1/76	4 FUNERAL DIRECTOR NAME Hubbard Funeral	Home, Inc. 410		61667	2 4 1980	25b. REGISTRAR'S SIGNA	Brandy .

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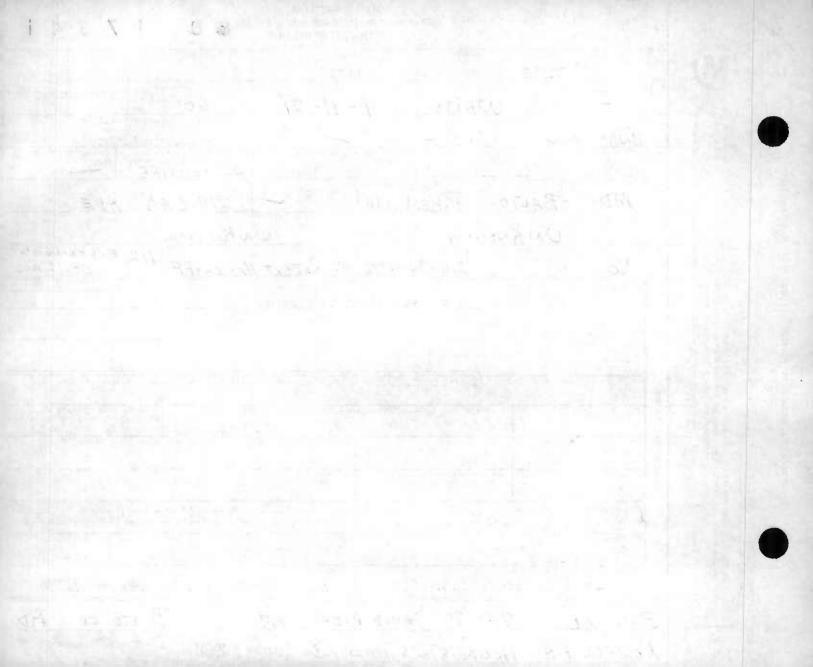
*	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND CERTIFICATE OF		. 17039
nay be page 3 r death	1 DECEASED NAME FIRST (TYPE OR PRINT) WILLIA	M T RYAN	2e. DATE OF DEATH	7-19-80 303A
age 4 mar ector, pa rs after d	3 S&X	RACE CAVE S DATE OF BIRTH MONTH DAY	- GOL AGE (IN YEARS LAST BIRT	HDAY) # UNDER I YEAR # UNDER 24 HRS MONTHS DAYS HOURS MIN YRS.
3 Park	BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? MARRIED □ NEVE	R MARRIED BALTIMORE CITY O	MORE COUNTY MD.
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npletel nd 2 sh	14 FATHER'S NAME FIRST John	MIDDLE LAST	R'S MAIDEN NAME FIRST MIDDLE Many IIn	iknaan Ruan
e be execuan an and con Pages 1 ar	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORM	MANT Randalls Anne M. Gardner, 420	town, Md. 21133 3 Deer Park Road APPROXIMATE HIEVAL BEIVER ONSET AND DEATH
v requires that the dea no signed by the attenc hen please remove car to burial, cremation, ny injury, or other trai		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
IDING PHYSICIAN: The law requirending physician. After his certificate has been significate has been significate has been significate has been significate has the mile and Merital Hygiene prior to the marked or litem 18 shows any in	IND DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERI	FORMED 200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sigma \text{NO} \square \text{NO} \square
PHYSICIAN: The physician. The physician will be certificate he urial-transit perm Mental Hygiene d or Item 18 sho	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	110.00 111 110.1711 0 110.10	INJURY OCCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART + OR PART 2)
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TAL CT ATTER the hospital or AAL DIRECTOR as are Dept. or 16 ftern 21 is		tol) ottended the deceosed from 19 20, and that in (m) view the body after death. DEGREE	ATTENDING MEDICAL STAL PHYSICIAN DIRECTOR PHYSIC	221. DATE SIGNED
TO HOSPITAL retained by the ITO FUNERAL Eshould be detach with the State DIMPORTANT: I	224. PHYSICIAN'S NAME (TYPE O	PRINT) REDDY Bay		feveral Arspital.
000	230. BURIAL, CREMATION, REMOVAL		CITY OR TOWN	COUNTY STATE
BP	Burial 24 FUNERAL DIRECTOR	7/22/80 Moreland Memo	orial Cem Baltimore 25a DATE REC'D. BY REGISTRAR	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 1. DECEASED NAME 20. DATE KNOWN LITYPE OR PRINTS ESTI-ORWIN ALLING E DAN DEATH MATED 1982 & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 50 7 2YRS DEAD To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYL Maryland U.S.A. WIDOWED DIVORCED II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION I TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Kelly Serv. Laborer Dundalk 13d INSIDE CITY LIMITS? NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Salling, W. Melba Locklear George Sr. Cora 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 7860 ADS Fabian Lane 217-74-3938 George W.Salling, Sr.-Balto. MD 21222 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) merule DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES 🗌 NO D 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY YEAR DEPART CONTRIBUTING CAUSE OF DEATH 24 1980 21f. LOCATION WHILE AT WORK 220. I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted fram Natural causes Accident Homicide Undetermined manner EXECUTE THE CE EXECUTE THE CE PAGE 4 SHOUL TO FUNERAL D AFTER DEATH V TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMA NON REMOVAL 236. DATE 23d LOCATION 7/28/80 Burial Holly Hill Memorial White Marsh, Balto. BP 24 FUNERAL DIRECTOR Duda-Ruck, Inc. 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5)) 7922 Wise Avenue, Dundalk, MD 15M 7/77

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201	\$ = \$ 16			Greater Balt		ical Center	HOUSEW	IFE		
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IIWO	Poge		No	214.	-34-4196	MR. KOBERT	HAMEROFF		51.	2 1202
BAL1	physicac papers naval.		18 CAUSE OF DEATH (Enter or	ly one cause per line far to	i, (b), and (c)				BETWEEN ON	ATE INTERVAL
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	n signed Then pli to burn injury, o	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	IDITION GIVEN	IN PART 1(a)	
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9	5 6 4 M	23o. E	URIAL, CREMATION, REMOVAL		23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		N. I. P. V.	STATE .
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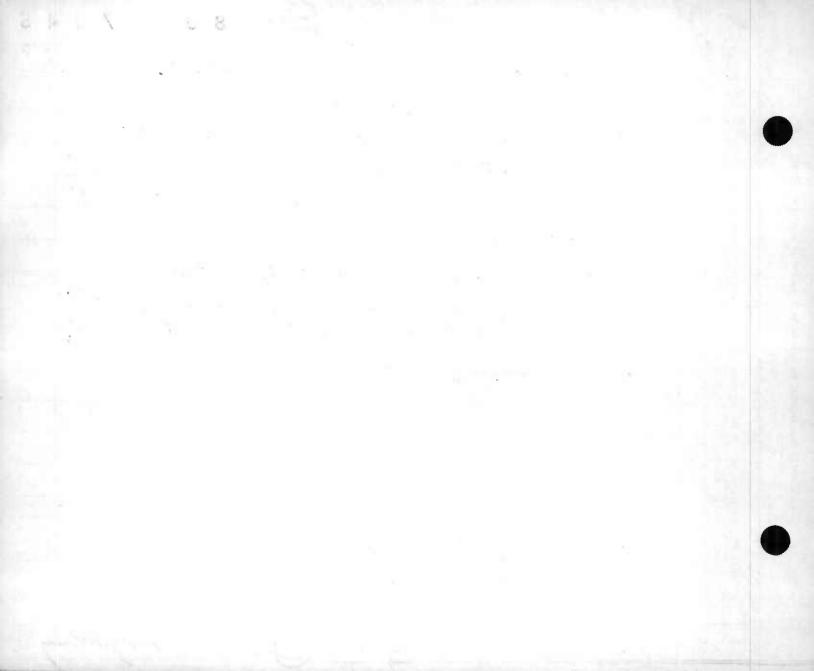
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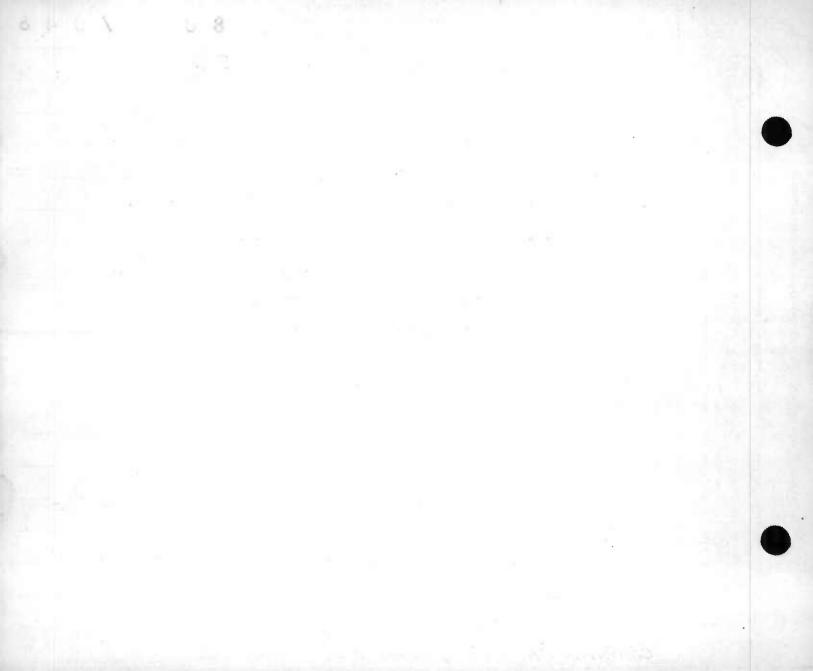
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 2e. DATE OF DEATH MONTH YEAR 26 HOUR [TYPE OR PRINT] V. Emma hnesdex 4 RACE 3 SEX 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS QAY5 HOUR5 YEAR AONTHS Whi te 92 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Baltimore Co. U.S.A. Maryland WIDOWED DIVORCED | & CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12e USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET-ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) Dress Factory USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STATE ed US. COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 5616 Mattfeldt Av. Baltimore Maryland YES A NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE LAST 200 LAST Jane Michael Schneider Mary Jacob ADDRESS I 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST 03 1377A 6004 Falls Road 21209 Edith M. Small No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)_ CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 20h IF YES, WERE FINDINGS USED use as the burial transit permit.
Health and Mental Hygiene pri 28a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR AM. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL I IF EITHER, NOTIFY MEDICAL EXAMINERS P.M. 19 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY STATE NOT WHILE AT WORK AT WORK 1080 220.1 certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an. 980 , and that in (my) (aur) apinion death occurred an the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF State DIRECTOR PHYSICIAN PHYSICIAN TO FUNERA should be det with the Stat 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE Fikesville, Balto. Co. Md, Druid Ridge Cemetery Burial July 80 250. DATE REC'D. BY REGISTRAR 255. REGISTARDS SIGNATURE 24 FUNERAL DIRECTOR **DHMH-16 25M** 1980 Burgee Funeral Home 3631 Falls Rd. (VRA 15, 4) 1/79 21211

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even		IB CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b)	, ond ich	BODY ADDRESS			BETWEEN	MATE INTERV
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or Item		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR					
ler or	MEDICAL	(# EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION				
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pt. o		abave, OC(we) (did) (did)(did)(did)(did)(did)(did)(d	view the body after death		DEGREE			1224 DATE	
De De		/ /	and tada		ATTENDING	MEDICAL STA	FF _		2/80
ANT	1	22d. PHYSICIAN'S NAME ITYPE OR P	DINTI		PHYSICIAN L	DIRECTOR PHYSIC	IAN 💆	1 '/-	,
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	ITYPE	ANN	A LORRAINE SHAFFER	7	3 80 2:50
	3 SE	(4 RACE S DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24
once.	F		WHITE 10 4 1921		YRS.
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st be no		TOWSON	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION GBMC-6701 N. CHARLES ST.	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE) 12b. KIND OF BUSINESS
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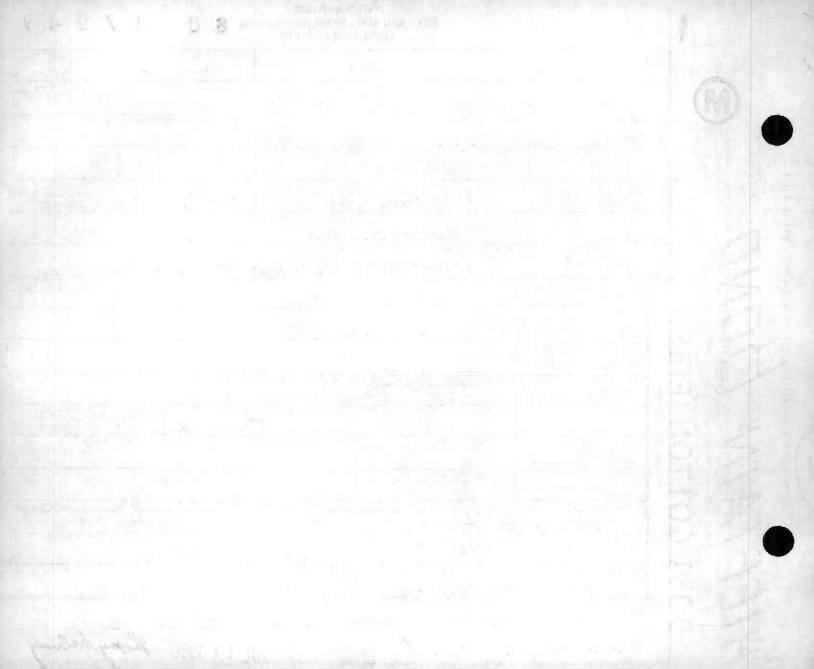
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				STATE OF MARYLAND		
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mpletely nd 2 sho	I4.FA	HER'S NAME Frederick MD	C. Shankl	15. MOTHER'S MAIDEN NAM	MIDDLE O	Kindd
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e has been signed by the at permit. Then please remove prior to burial, crematishows any injury, or other	CERTIFICATION	Conditions, if any, which gave rise to immediate cause 1a1, stating the underlying cause last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE	NCE OF MEATH BUT NOT RELATED TO THE TERMI		
Hygiene n 18 sho	RTIF				YES NO NO	YES NO NO
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nis of Oct	MEDIC	WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE NOT WH	(AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC) STREET		10-225
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1 220 m.e		PECEASED NAME FIRST		WIDDLE	LA	ST	20. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR	
1 10	L	GEORG			SHAVER			5, 1980	11:11 A	
	3. 3	SEX	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS	
(LAI)	L	Male		gro	1	27 05	7.5	YRS.		
Sect P	3	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	U.	WHAT COUNTRY?	WIDOWE	trend .	BALTIMORE		H MD.	
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+ 0	160	. WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDRE		PPO	
n and ca Pages		(YES, NOORUNKNOWN) (IFYES, G	IVE WAR OR DATES)	717-07-	-6480	Lula Shaver	s 1722 N.	Washington	Street	
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quire sign Then to be	Z		-			ase; Diabetes		DITION GIVEN IN TAI	(1 Hu)	
bo be law re hos been permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	19b. COND	DITION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CALL YES	INDINGS USED USES OF DEATH?	
PHYSICIAN: The ending physician this certificate he burial-transit pad Mental Hygier dar Item 18 shave			EAIN	OF INJURY .m. MONTH D .m.	AY YEAR	216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PAR	IT 2)	
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ATENDING pital ar of CTOR: After I for use as t al Health a		220.1 certify that (this has saw the deceased alive cobove, by we) (did) (oct)	pitol) ottended the July 1	he deceased fram	July 80	14 1980 d that in (n) (our) apinian	ta July 16 death occurred on the de			
RAL OR A Part DIRE detoched store Dept.	1	171 SIGNATURE LES	1.Oh	ree /	C	ATTENDING PHYSICIAN	MEDICAL STAF	FF	DATE SIGNED $1y \cdot 16$, 1980	
O HOSPITA Plained by O FUNERA Sould be do with the State MPORTANT		Lester A		Jr., M.D.		7620 York Ro	ad, Towson,	MD 21204		
5 5 5 5 3 3	230	BURIAL, CREMATION, REMOVA				METERY OR CREMATORY	23d. LOCATION	COUNTY	STATE	
BP		Burial	7/22	/80	Arbut	us Mem. Park	Baltimor	ce Cour	nty MD	
DHMH - 16 50M 1/76 (VR A 15 (4))	24	FUNERAL DIRECTOR	F H 11	O1 E No.	n+h Arr	250. DAT	E REC'D. BY REGISTRAR	75h REGIERRAR'S SIG	Me Credy	



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DEDA

STATE OF MARYLAND						
RTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	0	1	7	0	5
CERTIFICATE OF DEATH		REG. NO.				

1. DECEASED NAME (TYPE OR PRINT)	FIRST	N	HODLE	l	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
(TIPE OR PRINT)	ELIZABI	ABETH N.		SHEA		JULY 1	5, 1980	0 8:15 am		
3. SEX	4.	RACE		5 DATE C		6. AGE (IN YEARS LAST	BIRTHDAY] IF I	UNDER I YEAR	IF UNDER 24 HRS	
Fema	le	Whi	te	Dec.		65	YRS.	THS DAYS	HOURS MIN	
To BIRTHPLACE (STATE C	OR FOREIGN 76.	LOUTIZEN OF WHAT COUNTRY? 8				9 BALTIMORE CITY		OF DEATH		
Maryla	and	III	SA	WIDOWE	DIVORCED	BATTTM	ORE COUN	עידינ	2 12 14.	
10 CITY OR TOWN OF		. NAME OF H	OSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUP			F BUSINESS OR	
TOWSON		SAINT	JOSEPH H	OSPIT	AL	Secret		Balt	o. Coun	
USUAL RESIDENCE (IF N	13b COUNTY		GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e STREET ADDRES	s			
Maryland	Balt	imore	Towson		YES NO X	18 Acorn				
14. FATHER'S NAME	MID	DIE	LAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LAST	14.0	
James			atzbaugh			iae Syke		LASI		
160 WAS DECEASED EV	ER IN U.S. ARME	D FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT					
No	(IF YES, GIVE W	AR OR DATES)	212-10-	9396A	Mr. John P.	Shea sai	ne as # :	13		
18 CAUSE OF DE	ATH Case and		las las des des as					APPROXI	MATE INTERVAL DISET AND DEATH	
PART 2. OTHER S 190 DATE OF OPE 210. ACCIDENT WAS			DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TE			200 AUTOPSY? 206. IF YES, WERE FINDINGS USED				
THE						YES NO YES YES			NO [
00.00.00.00.00.00.00.00	CAUSE OF DEATH	21b. TIME OF HOUR A.A	A, MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED LENTER NATURE OF IN	JURY IN ITEM 18, PART	1 OR PART 2)		
I IF EITHER, NOTIFY ME 21d. INJURY OCC WHILE NO AT WORK AT	T WHILE WORK	21e PLACE C (AT HOME, STRI	OF INJURY EET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR	OWN	COUNTY	STATE	
220.1 certify that	22a. I certify that (this hospital) attended the deceased from June 14 1980 , to July 15 1980 , that ((we) lost sow the deceased always 15 1980 , and that in ((x)) (our) opinion death occurred on the date and hour and from the causes stated obove, ((we) (dig) (30) view the bad allowed the deceased of the course stated obove, ((we) (dig) (30) view the bad allowed the course stated obove).									
	1100		1 10 10		DEGREE			22c, DATE S	SIGNED	
22h SIGNATORE	estes	9.0	rall)	m	ATTENDING PHYSICIAN		TAFF SICIAN [July	15, 198	
226 SIGNATURE 226 PHYSICIAN'S	estes		Jr., M.	D.	PHYSICIAN [DIRECTOR PHY	SICIAN 🗌		15, 198	
226 SIGNATURE 226 PHYSICIAN'S	NAME ITYPE OR PR		Jr., M.		PHYSICIAN [DIRECTOR PHY	SICIAN 🗌		15, 198	

DHMH - 16 50M 1/76 (VR A 15 (4))

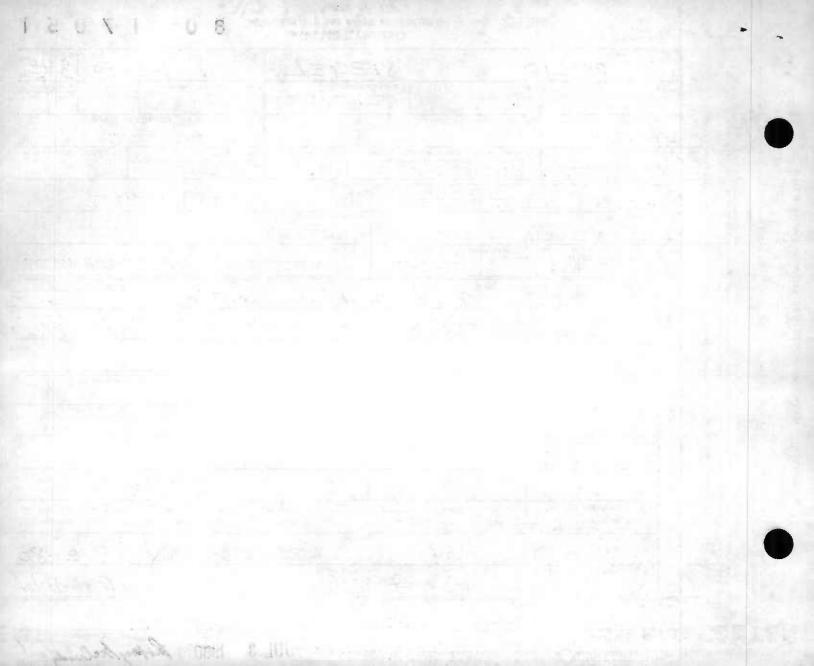
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and con should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

Ruck Towson Funeral Home, Inc. 1050 York Road

JUL 1 6 1980

A C C S TO S TO SERVICE THE SERVICE STREET The second of th

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-	•			1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 7 0 5 1							
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	le 4 ma	once.		3. SEX	MALE	WHITE		S DATE C	B. 2 ¹ 1, 1895	4. AGE (IN YEARS LAST BIRT 85		UNDER 1 YEAR	HOURS MIN
-	_/ Ne/	a s			RTHPLACE (STATE OR FOREIGN DUNTRY)	Th CITIZEN OF	WHAT COUNTRY?	1	D NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	
	图 图	if g	77		THUANIA	USA		WIDOWE	.Y.	BALTIMO	RE COUN	TY	MD.
_	N3 .	be not	55	_	ANDALLSTOWN, MD.	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AS BALTIMORE COUNT		DDRESS)		176 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) NDUSTF SELF EMPLOYED PRIN			OF BUSINESS OR
1120	4 4	mus)	_	USU	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	, GIVE RESIDENCE BEFORE	ADMISSION)					
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9	e exe	the me	1	(1		WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	ADDRE OODERMAN 7		TANE	(21208)
AIR.	ficate be ex	oval.		Y	ES WWI ARMY		112-01-	6516	NATHANIEL CO	JUPERMAN /	911 IVY		(21208)
201 W. PRESTON ST.	es that the death ce d by the attending	prease remove carbon popers, burial, cremation, or removal. injury, or other traumatic even			DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CC) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
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NO O	P g	d Men	(MEDICAL	21d. INJURY OCCURRED	21e PLACE			211 LOCATION	CITY OR TOW	75.1	COUNTY	STATE
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۵	or at	S. G.			22s. I certify that (I) (this hospit	ol) pttended th	ne deceosed from_	11-	1- 19 00) 10	2- 19	80.	that (1) (we) last
		of H			sow the deceased alive an above, (I) (we) (did) (did not) view the hody	ofter death	on, or	d that in (my) (our) apinion o	death occurred on the do	ite and haur a	nd from the	couses stated
	TAL SH AT the hospital	e Dept. of			77b. SIGNATURE	200	How	(DEGREE ATTENDING	MEDICAL STAI		22c. DATE	SIGNED
	by the	State			224. PHYSICIAN'S NAME (TYPE OR	PRINTI	11009		PHYSICIAN [DIRECTOR PHYSIC	IANIZO		= 00
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		n s =		_(:	URIAL, CREMATION, REMOVAL	23h. DATE			EMETERY OR CREMATORY	234. LOCATION CITY OR TOWN	co	YTHUC	STATE
1100	BP				URIAL/REMOVAL	7-3-8	30 WA	ASHING	TON CEMETERY	BROOKLYN			
403	DHMH			74 FL	INERAL DIRECTOR		601000REIS	STERST	TOWN RD. 250. DATE	REC'D. BY REGISTRAR	ZDB. REGISTRA	R'S SIGNAT	URE
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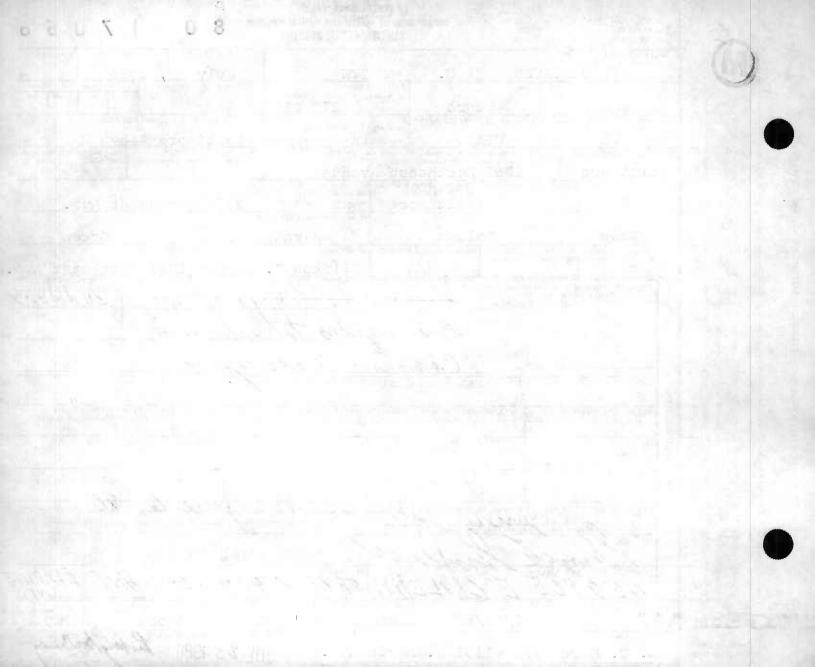
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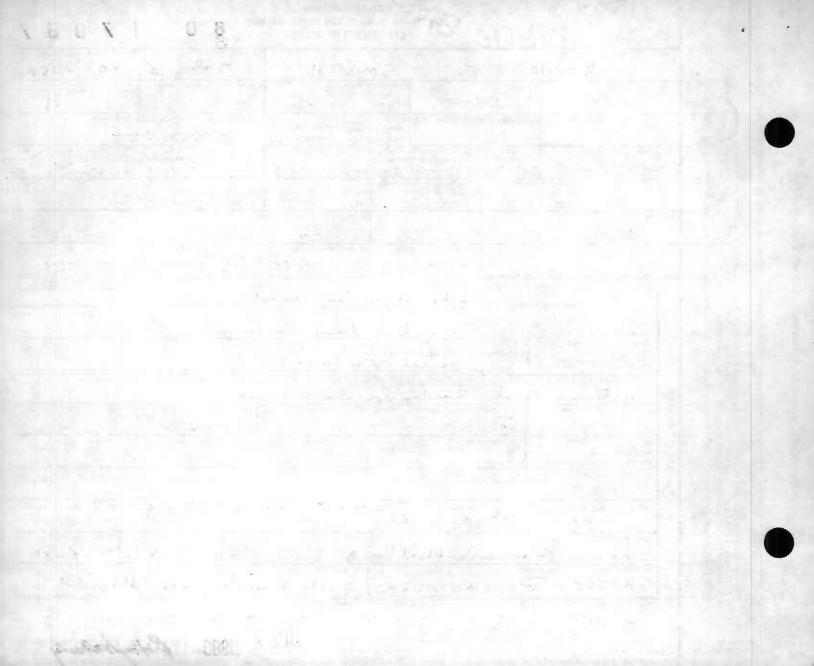
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE DECEASED NAME 2a DATE OF DEATH (TYPE OR PRINT) Biddie V. Skaggs July 3, 1980 3 SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS Female White 63 OAYS 1917 16 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? MARRIED ANEVER MARRIED II.S.A. Virginia Baltimore County WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12h KIND OF BUSINESS OR Franklin Square Clothing (TYPE OF WORK FOR MOST OF WORKING LIFE) Rossville Hospital Seamstress USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 130. STATE 136 COUNTY 3 3 3 Baybriar Rd. 21222 Dundalk 13d. INSIDE CITY LIMITS? Maryland Balto. 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME George Vannatter Bertha MIDDLE McNeil 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 14b SOCIAL SECURITY NO. ADDRESS 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 236-40-6906 Mr. Earl Skaggs Same as 13 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic PART I, DEATH WAS CAUSED BY Cardiopulmonary arrest IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Acute anterior myocardial infarction if any, which immedia te couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause Severe coronary artery disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h. IF YES. WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? ŝ KJON YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR WEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21¢ PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK JULY UO JEEV 22a. I certify that & (this hospital) attended the deceased from saw the deceased alive on and that in (My) (our) opinion death occurred on the date and hour and from the couses stated abave, W(we) (did) (did not) view the body after deoth. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN & 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld be the S 9000 Franklin Square Dr., 21237 Juliana Chyu, 231 NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE 7/7/80 Burial Holly Hill Mem. White Balton Marsh 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. BUSISTRAR'S SIGNATURE - Ruck Fu CADDRESS 7922 Wise Ave JUL DHMH-16 25M (VRA 15, 4) 1/79

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				FOR	DEBA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	CHINE	
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				CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	
	ath ath		(TYPE	HOWA	ard E.	SMITH	2 roly	6, 80 4:150
	may page er dea		3. SE	Х	4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRT	
M	996 4	15		Male	White	MONTH DAY YEAR 3 12 1913	67	MONTHS DAYS HOURS MIN
-	130	强)		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY O	R COUNTY OF DEATH
9	deat	57.A	1	MD	USA	WIDOWED DIVORCED	Baltimo.	re County
	rter ithin	0	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE	
	by the	弘人	R	andallstown		ty General Hospital	Ret. Techni	
1	2 5	E	USU 13a	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	13e STREET ADDRESS	M. M
	filled ald be	nine (7)			timore Rockd			field Ave.
7	rely sho	exau	14. Fz	ATHER'S NAME		15. MOTHER'S MAIDEN N	AME	
	mple nd 2	38		Richard	James Smi	th Mary	Ellen	Jackson
	xecu d cor	Hed	16a \	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SI	ECURITY NO. 17 INFORMANT	ADDRE	SS
	be e	the	(YES, NO OR UNKNOWN) 1 IF YES, GIV	(E WAR OR DATES) 214-01	-4434 3424 Mayfie	rs. Oneatah la Ave., Bal	Smith timore MD 21207
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F	e has	sho	FE				YES NOW	IN CERTIFYING CAUSES OF DEATH?
	PHYSICIAN: ng physician. this certificate urial-transit pe Mental Hygiei	or Item 18	AL CERTIFICATION	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJUI	
(SING PH tending p After this the burie h and Me	marked o	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21 R. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOV	VN COUNTY STATE
	or at or at or at se as tealt	1 is			ital) attended the deceased fra			19 80, that (I) (we)
	ECT for u	E 2		saw the decoased plive an above, (1) (we) (did I'(did no	at) view the bady after death.	9, and that in (my) (aur) apinia	n death occurred an the de	ate and have and from the causes stated
	TAL OH of the hospi tAL DIRE etached for ate Dept.	JT: If Item		Sharen J.	1 _	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF 22c DATE SIGNED
	TO HOSPITAL retained by the TO FUNERAL should be detacl with the State	IMPORTANT:		QHASSEM		22e ADDRESS		en. Hospital
	Sta Car		1					,
· l	(L ())	Ξ	23a	BURIAL, CREMATION, REMOVAL	1 23b. DATE 2	30 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
1	3	≥	23a	SPECIFY)			CITY OR TOWN	i.7.7.e Campo.7.7. MD
2	BP	_		Burial	7/9/80	Danae of cemetery or crematory Lake View Memorial 1 Directors, P.A	Park Sukesv	ille Carroll MD

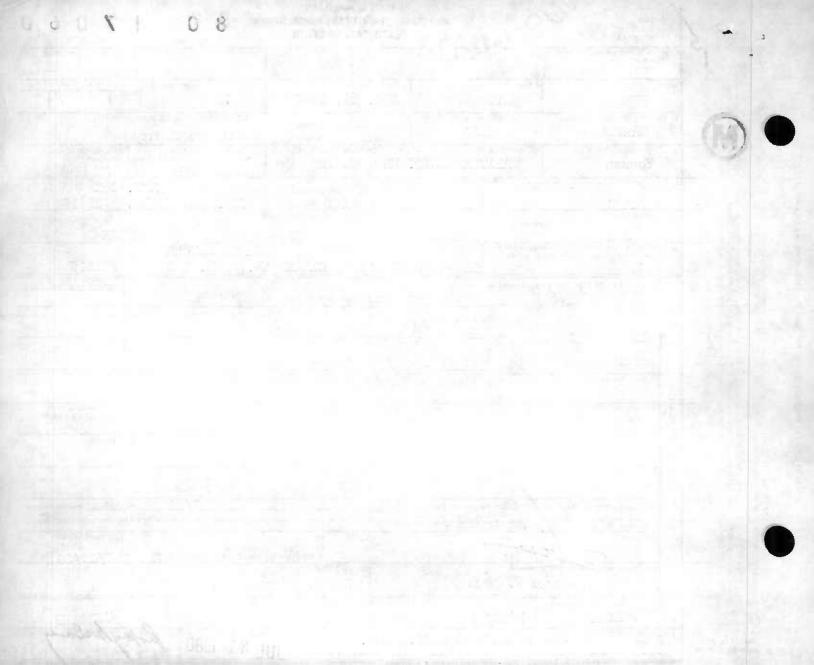


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(TYPE OR PRINT)	Samuel A M U	Jordan E L	JORD	MAN	SMI	.n		OF ESTI-	0 7-	-2219 82	9.1
3. S	EX	4. RACE	5. DATE OF BI	RTH DAY YEAR	6. AGE (IN YEAR	RS IF UND		ER 24 HRS. 2	c. DATE RONOUNCED	MONTH	DAY YEAR	2d HOU
_	Male	White	Mar 31	,1894	86 YRS		DAYS HOURS		DEAD	7-	22198	8.53 P. M
	BIRTHPLACE (S FOREIGN COUNTRY)			F WHAT COUNT			NEVER MA	RRIED .	. BALTIMORE CIT		TY OF DEATH	uo la
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	Seneca ((IF NOT IN SU	Clarks I	REET ADDRESS)	Rd.		Labo	OST OF WORKING LIFE)		Farm Wo	TRY
US		(IF IN NURSING HOME	OR OTHER INSTITUTIO	ON, GIVE RESIDENCE B	EFORE ADMISSION	N) .	I INCIAC CITY COMPT				Farm wo	LK
	ryland		imore		ortown ca Cree		d. INSIDE CITY LIMITS		Clarks	Point	Rd.	
14.	FATHER'S NAM		MIDDLE	L/	AST	1	5. MOTHER'S MA	IDEN NAME	WIDDLE		LAST	
2.4	Ben	D 51/50 D 1/1		mith				ra Sour			E SVE	
	(YES, NO, OR UNKNO		RMED FORCES?		AL SECURITY		. INFORMANT		ADDR			
	es CAUSE C	WW	1		14-913	31	anet Chi	rist 38	34 Clark	s Poin		1220
	PARTIDI	F DEATH (Enter of EATH WAS CAUS	ED BY:	r line far (a), (b),	and (c).)	,	. 0.		. 0		BETWEEN ONS	ET AND DEATH
	434	IMMEDIA	ATE CAUSE (a) DUE TO	, OR AS A CONS	SEQUENCE O	F	reuse	h	siles			
1		ns, if any, which se ta immediat					at	12416	nuce	ons	- 133	
	cause (a	stating the under		, OR AS A CONS	EQUENCE O	F					1 117711	
	lying car		(c)_				100					
Z		GNIFICANT CONDITION	S CONTRIBUTING TO O	DEATH BUT NOT RELATE	EO TO THE TERMIN	NAL OISEASE O	R CONDITION GIVEN IN	PART 1 (a).				
ATIO	19a, DATE OF	OPERATION	19h. CO	NDITION FOR W	/HICH OPERA	TION WAS	PERFORMED?			100	20. AUTOPSY	V2
IFIC											YES 🗆	ио [Х
CERT	21a EXTERN.	AL CAUSE WAS		E OF INJURY A.M. MONTH	DAY VEAD	21c. HOV	V INJURY OCCUR	RED LENTER NA	TURE OF INJURY IN ITEM	A 18 PART 1 OR PA		110 (2)
A	UNDERLYING CONTRIBUT	OR NG CAUSE OF		P.M.	19	(8)						
MEDICAL CERTIFICATION	21d. INJURY		STREET	ACE OF INJURY	(AT HOME,	21f. LOCA STRI			CITY OR TOWN	co	DUNTY	STATE
-	AT WORK	NOT WHILE		Phys. 14-		1						
	22a cert	fy that I taak char	rge of the remain	s described abay	e, held an	Autapsy	, Inspec	tian 🗶	Inquiry X	and in my of	pinion	
	death result	ed fram: Nati	ural causes 🔀	7 Accident	Suic	ide .	Hamicide	Undeter	mined manner],		
	ACTUAL	KON	24.0	MODE	0:		TITLE (SPECIFY)	6		DATE	7/2	2/2
	SIGNATURE	1-0/1			- la	M.D	niegn	MEDIC	AL EXAMINER	SIGNE	10 / 1	-100
and .	EXAMINER'S (TYPE OR PRI	NAME K.	S. Ar	HLU W	ALI	A A	DRESS 211	12 Du	ndell	Au 1	Eall 2	122
23 a		TION,REMOVAL	23b. DATE	23c. N	AME OF CEM		DICCOO.	23d. LOC	ATION	COL	NTY	STATE
_	Burial		July 25	, 80 Gar	dens d	of Fai	th Cem	Ba1	timore C		•	
	FUNERAL DIREC		ADI	DRESS Baltin	nore, N	faryla	and 25a. DAT	REC'D. BY R	REGISTRAR 251	EGISTRAR'S	IGNATURE	
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			MONTH DAY	YEAR LAST BIRTHD	AY) MONTHS DAYS HO		DEAD	1/10 11	Project
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	STATE	136 COUNT	Y	IJE CITY OF TOWN	13d. INSIDE CITY LI		ADDRESS		15 / H. BY
	MD.		Balto.	Moniet	212	527	Monkton	Road	
4.	FATHER'S NAM FIRST	E	WIDDLE	LAST	15. MOTHER'S	MAIDEN NAME	MIDDLE	٠ .	AST
	Geor	e Freder	ick Smith				essner		
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	No		AVV COLUMN	212 16 063	5 fa	mily			
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	1410	-	DUE TO, OR	ALIONSEQUENCE	OF /			1	
		ns, if any, which ise to immediate	(b)	Danos	elen	Hosel	(4)	4-	-460
	lying ca) stating the <u>under</u> -	DUE TO, OR AS	A CONSEQUENCE	OF 8			/	1
			(c)						
7		IGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVE	EN IN PART 1 (a).			
CERTIFICATION	14 0 175 0								
ICA	190. DATE O	OPERATION	196. CONDITIO	N FOR WHICH OPER	ATION WAS PERFORMED)?		20. Al	UTOPSY?
RTIF	AL EVERNA								ES NO
CE	UNDERLYIN	AL CAUSE WAS	116. TIME OF IN	NJURY MONTH DAY YEAF	21c. HOW INJURY OCC	CURRED (ENTER NATU	RE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)	
CA	CONTRIBUT	NG CAUSE OF D		19					
MEDICAL	21d INJURY WHILE		21e PLACE OF STREET, FACTOR		21f. LOCATION STREET	СП	YORTOWN	COUNTY	STATE
	AT WORK	AT WORK	-	-19,000					
	22a. 1 cert	fy that I taak charae	af the remains descri	bed abave, held an	Autapsy , Ins	spection Ir	nguiry , and	in my apinian	
	death resul		N		icide . Hamicide		ned manner .	, opinon	
		1			A TRIE (SPECI	IFY)			11
	ACTUAL SIGNATURE	KOP,	ele II	92/04	rell 1 bh.	17- Viene	EVAMINED	DATE	45/00
	SIGNATORE	Out			The state of the s	MEDICAL	EXAMINER	SIGNED	180
	EXAMINER'S (TYPE OR PR	NAME NT)			ADDRESS	/		/	
23a	BURIAL, CREMA	TION, REMOVAL 23	Ib. DATE	23c, NAME OF CEA	METERY OR CREMATORY	23d. LOCA	ION		
19	(SPECIFY)		m /2m /0.			CITY OR TO	WN	COUNTY	STATE
24.	FUNERAL DIRE	lok -	1/17/80	Westvi	ew Cremation	DATE REC'D. BY REG	SISTRAR DELLA CITE	THEATE AND HE HA	RE
-	NAME		ADDRESS	005 77		11 48 1980	tists	my Mebre	-dy
1	vans (napel of	Chimes 2	325 York	Koad	1000	N. T	/	1

1 0 5 9 O 48 Statement of the Barbara THE KNOW POR FOR FORM



V	1.	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		10	6 1
		CEASED NAME FIRST	MIDDLE		AST		MONTH DA	Y YEAR	26. HOUR
1	{TYP	SOLON	ION	SO	KOLOVE	JULY 28	,1980		6:30 P
	3 SE		4 RACE	5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY) IF	F UNDER I YEAR	IF UNDER 24 HR
1		MALE	WHITE	SEI	T. 11,1892	87	YRS.	DAYS DAYS	HOURS MIN
97	7a. B	RTHPLACE (STATE OR FOREIGN OUNTRY) RUSSIA	76 CITIZEN OF WHAT COUNTRY USA	? & MARRIE	D NEVER MARRIED	BALTIMO	_		,
90	10 C	PIKESVILLE	11. NAME OF HOSPITAL, NURSING INF NOT IN SUCH FACILITY, GIVE STREE PIKESVILLE NU	ING HOME C		126 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF PRINTER	NC	12b. KIND C	RECOR
35	USU 130	AL RESIDENCE (IF NURSING HOME OF STATE (136 COUN MARYLAND	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO STATE OF THE	WN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS 410 NORTH	ATHOL	AVE.	#2122
300	14 F.	ATHER'S NAME ALEXANDER	SOKOLC)VE	IS MOTHER'S MAIDEN NA.	MIDDLE		UNKÑ	OWN
1 de 1		NAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN! (IF YES, GIVE NO	MED FORCES? 166 SOCIAL SEC WAR OR DATES! 212-01-		WII 929 N. HOWARD	LIAM H. GOR ST. BA	MAN II LTO.,	MD	21201
		PART I. DEATH WAS CAUSE	ly one cause per line far (a), (b), a D BY E CAUSE (a)	nd ich		Hallian I		1	MATE INTERVAL ONSET AND DEAT
		4439	DUE TO, OR AS A CONSEOU	UENCETOF	11011	Linean	. 0	5	^
		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEOU	UENCE OF	C WALL	7,00000		1	
ny injury	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	DITION GIVE	N IN PART 10	01
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDS	
9		216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	RT OR PART 2]	
	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	211 LOCATION STREET	CITY OR TOW	14	COUNTY	STATE
			tal) attended the deceased from	-	19 19		20 19	900.	tha (1) (we) lo
em 21 is n				80 .01	nd that in (my) (our) opinion	deoth occurred on the do	ite and haur o	and from the	couses stated
ORTANT: If Item 21 is n		sow the deceased alwest obove (I) (We) (did) (lid no 226 SIGNATURE	n view the body ofter death.		DEGREE ATTENDING PHYSICIAN E	MEDICAL STAF	F	and from the	
		saw the deceased alverent obave (I) (We) (did) (did no 27b SIGNATURE	of view the body ofter death. Poss		DEGREE	MEDICAL STAF	F		

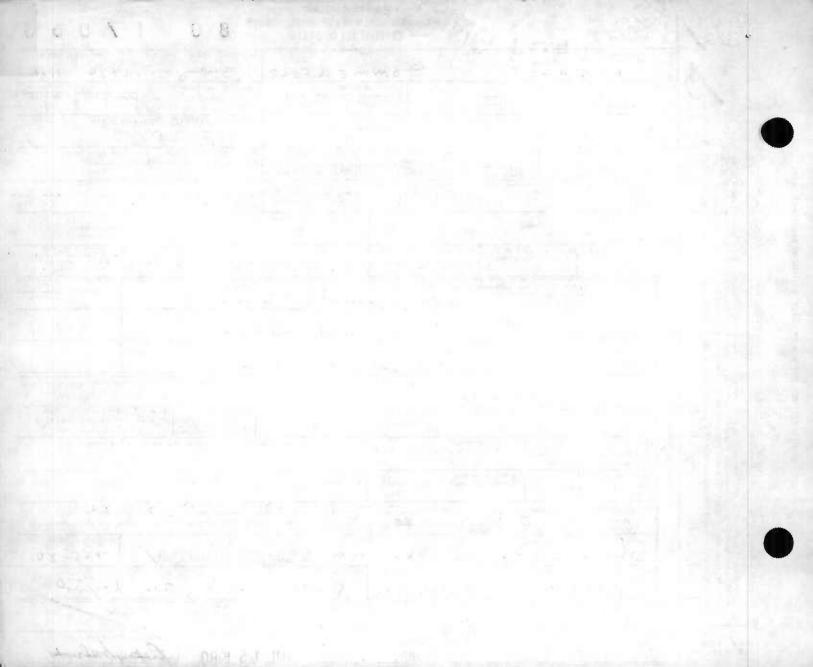
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6	11.	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	7 11 / 0
	1.	STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH U	1002
		CEASED NAME FIRST	MIDDLE LAST Za. DATE KNOWN	MONTH DAY YEAR 26. HOUR
The date	(TY	VLACI	IMIR SOLOWIEJ OF ESTI- DEATH MATED I	Tra/2/51000 1/5
#C 50 E	3. SE	X 4. RACE	S. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE ROAD BARNEDAY) LAST BARNEDAY MONTHS DAYS M	MONTH DAY YEAR IN HOUR
ABY OUR ON 5		M. W	SEPT 8 1911 6 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD VE	1/2/5 1080 HAM
Children of the state of the st		RTHPLACE (STATE OR PEIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OF	COUNTY OF DEATH
95.35/	K	4551A	WIDOWED DINORCED D	to . Co . MD.
S S S S S S S S S S S S S S S S S S S	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE- LIENOT IN SUCH FACILITY, GIVE STREEP ADDRESS)	
20 W W 27 2	11000	TOWSON	ST. NOSEPH HOSPITAL VHUSICIAN	Medical
F ANY DE SHOULD BE SHOULD		TATE 136-COUN	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY, 136. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	e 10
	1	MD BAI	to TOWSON YES NO DY 1206 TEM+	reldKd
C T NEXT	14. F	ATHER'S NAME	MIDDLE 15. MOTHER'S MAIDEN NAME MIDDLE	LAST
AORE, M FER DEAT PAGES 1 ORM PW N OF VI	14	WAS DECEASED EVER IN U.S. AR	AED FORCES? 166 SOCIAL SECURITY NO. 117. INFORMANT ADDRESS	NKNOWN
TIN AFI	100.	ES, NO, OR UNKNOWN) (IF YES, GIVE	MAR OR DATES) 146-26-6859 HNASTASIN NORKO 431V	LA Houte De
DURS DURS 18. G WIT DIVIL		18 CAUSE OF DEATH (Enter on	y one cause per line for (a), (b), and (c)	APPROGRAMATE PUTERVAL
ESTON ST., HIN 24 HOL IN ITEM 18 R ALONG SIT PERMIT. VAL.		PART I DEATH WAS CAUSED IMMEDIA	ECAUSE (a) Theele Mysecuced di hue	1 House
		410	DUE TO OR AS CONTEQUENCE OF	11 74
E E E E Z Z Z Z		Conditions, if any, which gave rise to immediate	(b) I CV W with Coronary Ansufa	way 9-110
UTED WIND PENCE EXAMINA REALTRA		lying couse last.	DUE TO OR AS A CONSEQUENCE OF	/ /
EXECUTE JOY, IN P. ICAL EX, A BURIAL AND M. ION, OR		BART & OTHER CICHIFICANT COMPLYING	((c)	
VITAL RECORDS, 30 SHOULD BE EXECUT ORD "PENDING" IN CHIEF REDICAL E BE USED AS A BURIX IT OF HEALTH AND A RIAL, CREMATION, O RIAL, OF	N O	PART Z UTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
SHOULD ORD "PEN CHIEF N E USED / OF HEA IAL, CREA	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
A PERSONAL COMPANY OF THE PERSON AND				YES NO
	G. C.	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
SION OF RTIFICAT IG THE V TO TH SHOULD PARTMEI	CAL	CONTRIBUTING CAUSE OF	P.M. 19	
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R: THIS ORWARD STATE STATE		AT WORK AT WORK		
2 2 2 2 2 2		220. I certify that I took charg	e of the remains described above, held an Autapsy 🔲, Inspection 🖳 Inquiry 🔲, ond	I in my opinion
ZUTEFZ		death resulted from	Accident , Suicide , Homicide , Undetermined monner ,	
EXAMINE CERTIFICA CERTIFICA DID BE FO WITH THE ARYLAND,	195	ACTUAL ISLA	A TOTAL OF TOLE (SPECIFY)	-//-
SHOUTH WATH, W	-	SIGNATURE -	M.D. DEPUTY_MEDICAL EXAMINER	DATE SIGNED 7 80
NOR SEE	4	EXAMINER'S NAME		
TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH BALTIMORE, MARYLA	22- 5	(TYPE OR PRINT)	ADDRESS	
1000 Fmar4	230.8	URIAL, CREMATION, REMOVAL 2	7/5/16Ce S+ A ALLA COLLET	COUNTY
BP	24. F	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. BOSS	JRAR'S S GNAORE
DHMH - 17 (VR A15 ME (5))	14/	TT to Ontous	vitte ADDRESS 16-30 Extrapology ASS IIII 8 1980	my / Heuristy
15M 7/77	LYY.	THE CITIONS	The state of the s	

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page 3	ITYPE	CEASED NAME FIRST OF PRINTS		MIDDLE	01	mer feld	July		980	26. HOUR
ector, p	3 SE	FEMALE	A RACE WHIT	Е	S DATE C	OBER° 28, 1913	6 AGE IN YEARS LAST BIRT	YRS WON		IF UNDER 24 HRS HOURS MIN
72 hou	C	RTHPLACE (STATE OR FOREIGN DUNTEY) LLINOIS	US		WIDOWE		BALTIMORE CITY O	_		MD
	R	ANDALLSTOWN	BALTI	MORE COUN	TY GE	NERAL HOSPITA	HOUSEWIF		126 KIND OF INDUSTRY HOME	BUSINESS OR
Age of the grant o	13a S		OR OTHER INSTITUTION UNITY .DE	HALLANDA	7	131. INSIDE CITY LIMITS? YES \ NO \	1980 S.OCE	AN DR.	APT 8P	(33009
and 2 sh dical ex		THER'S NAME FIRST ENJAMIN	MIDDLE	SCHUMAN		BESSIE	WIDDIE		BLOCK"	
Pages 1 at the me		VAS DECEASED EVER IN U.S. res, no or unknown) (# yes, c NO	ARMED FORCES? EVE WAR OR DATES	350-28-0		DR. SIGMUND	ADDRE SOMMERFELD	1980 S HALLAN		
een signed by the attendin Then please remove carbo for to burial, cremation, or any injury, or other traum	TION	Conditions, if ony, which gove rise to immediate couse to; storing the underlying couse lost	(b)_ DUE TO, O (c)_ T CONDITIONS C	O	NCE OF					
ificate has t insit permit Hygiene pr m 18 shows	CERTIFICATION	196 DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	YES [NG CAUSES C	GS USED OF DEATH? NO []
is cert ial-tra fental or Itel	MEDICAL CI	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMIN 214, INJURY OCCURRED	DEATH HOUR A	.M. MONTH DA	Y YEAR	21t HOW INJURY OCCUR	RED JENTER NATURE OF INJUI	RY IN ITEM 18, PART	I OR PART 2)	
After the sthe burth and Numarked	MEI	WHILE NOT WHILE D	IAT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC.}	STREET	CITY OR TOV	VN	COUNTY	STATE
NL DIRECTOR tached for use a e Dept. of Hea T: If Item 21 is		22a I certify that (I) (this has saw the deceased glive above. (I) (we) (did1) did 27b SIGMATURE		ofter death.		nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	death occurred on the de	FF \	120 DATES	
TO FUNERAL should be detact with the State IMPORTANT:		22d. PHYSICIAN'S NAME ITYM GHASSEM		LMOTAB		220 ADDRESS	County		Koyes	
sho with		OURIAL, CREMATION, REMOVA	AL 236. DATE	23c N	AME OF C	EMETERY OR CREMATORY VN CEM.	23d LOCATION CITY OF TOWN CHICAGO,	ILL.	UNTY	STATE
MH-16 25M A 15, 4) 1/79		NERAL DIRECTOR		6010 REIST	ERSTO	OWN RD. 250. DAT	E REC'D. BY REGISTRAR		R'S SIGNATU	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



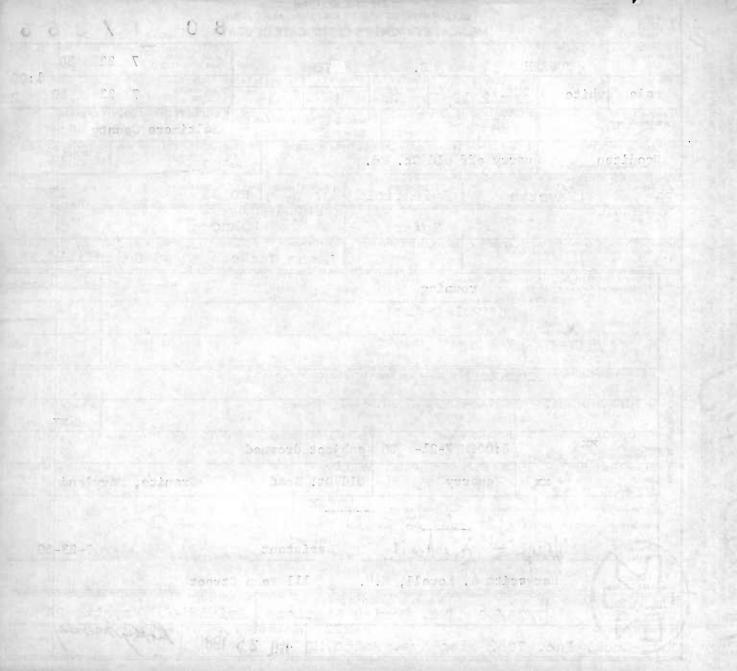
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C PERSON WHEN AS INCHES BY THE PROPERTY OF principle trade, when the 20 miles A the supplementary of the sup non-talling to the control of the co to be well-rest to the first the second of t And the state of t elia bener - minimo indon LAND BOOK OF THE PROPERTY OF T

FOR **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN 26. HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED 00 SE 4 RACE AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR DATE LAST BUSTHDAY) MONTHS YEAR PRONOUNCED DEAD. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) ndsor Road WIDOWED DIVORCED Louis II. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS (IF NOT IN SUCHA FOR MOST OF WORKING LIFE) OR INDUSTRY Woodlawn 3. RETAIN P. Road Nurse Hospita RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Windsor Mill Road Woodlawn YES TO NO [PM S AND ? 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST FIRST LAST Gustav Sperber Elise Tietze Oscar A. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO **ADDRESS** DIVISION WITH FO N/A 212-32-1003 Stephen Shaw- 1214 W.37 St., Balt 18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) IEF MEDICAL EXAMINER ALONG V SED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY KONARU IN ITEM IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (q) CERTIFICATION CHIEF / 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? TO BURIAL, C ORWARDED TO THE CH R: PAGE 3 SHOULD BE U E STATE DEPARTMENT OI 21201 PRIOR TO BURIAL, YES [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING LOR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED III LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: THE RECUTE THE CERTIFICATE, V PACE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTMORE, MARYLAND, 212 220. I certify that I took charge of the remains described above, held on Autopsy ond in my opinian Hamicide death resulted from: Undetermined manner TITLETSREGIE ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 23d. LOCATION 230 BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Baltimore Buria Western Cemetery Md 24. FUNERAL DIRECTOR DHMH - 17 NAME (VR A15 ME (5)) 15M 7/77

based to the contract of the c Burded DE the April Portrot College Street JUL & B LEENE

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		na le	white			16 42	38 _{RS}	MONTHS	DAYS	HOURS	MIN.	PRONOL	D INCED	7	22	19 80	0 P
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3	PA	ATÉ	Fa	ounty ayett	ER INSTITUTION, G		FORE ADMISSION TOWN		3d. INSIDE CIT	Y LIMITS?	13e STRE	ET ADD	RESS			1	5478
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1	No								Leon	ia Ja	acks	on i	ŖD #.	3 Sm	itn:	rier	d, PA
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		gave ri cause (a lying cau		ediate inder-	(b)	R AS A CONSI	EOUENCE O	F									
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	N N	UNDERLYING CONTRIBUTI	NG CAUSI		P.A	MM7121	19	sub	ject (drown	ed (ENTERN	ATURE OF 1	NJURY IN ITEA	A 18 PART 1 (OR PART 2]	T. K.	
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3		22a. I certi death result		charge af t	he remains de	Accident [_	_Autopsy	Hamicie			Inquiry ermined n		and in m	y apiniar	1	
-		ACTUAL SIGNATURE,		Moup	Sin	greye	rell	M.D	Assi:	stant	MEDI	CAL EXA	MINER	D/ Sk	ATE GNED	7-23-	-80
X		EXAMINER'S TYPE OR PRI	NAME NT)	Marga	rita A	. Kore	11, M.	D. A	DDRESS_1	11 Pe	nn S	tree	t				
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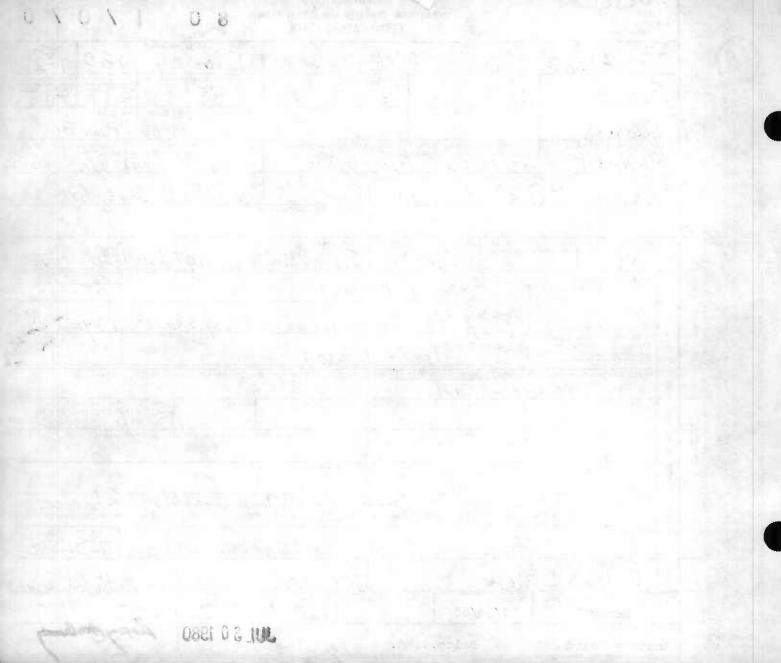
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T after	within		TY OR TOWN OF DEATH		NAME OF HOSPITAL, NUR	EET ADDRESS)			12e USUAL OCCUPAT (TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY	F BUSINESS OR
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., DING PHYSICIAN: The law requires that the death cer	ws an	CERTIFICATION	190 DATE OF OPERATION		196 CONDITION FOR WH	CH OPERATIO	N WAS PERFO	RMED	70a AUTOPSY?		WERE FINDIN	
2 1	she she	IFF	175						YES NO		ING CAUSES	OF DEATH?
ON OF VITA PHYSICIAN ng physician.	Tyg Tyg	CER	21m. ACCIDENT WAS UNDERLYIN	G []	216. TIME OF INJURY		21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU			
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000 BP_		p	urial	TAL					23d. LOCATION CITY OR TOWN	0 Do 1	COUNTY	STATE
bP_		_	JNERAL DIRECTOR //	-	1/19/00	alkwo	od Cer	// ZSAIDAT	Parkvill	756 REGISTO	APS SIGNATI	e Md.
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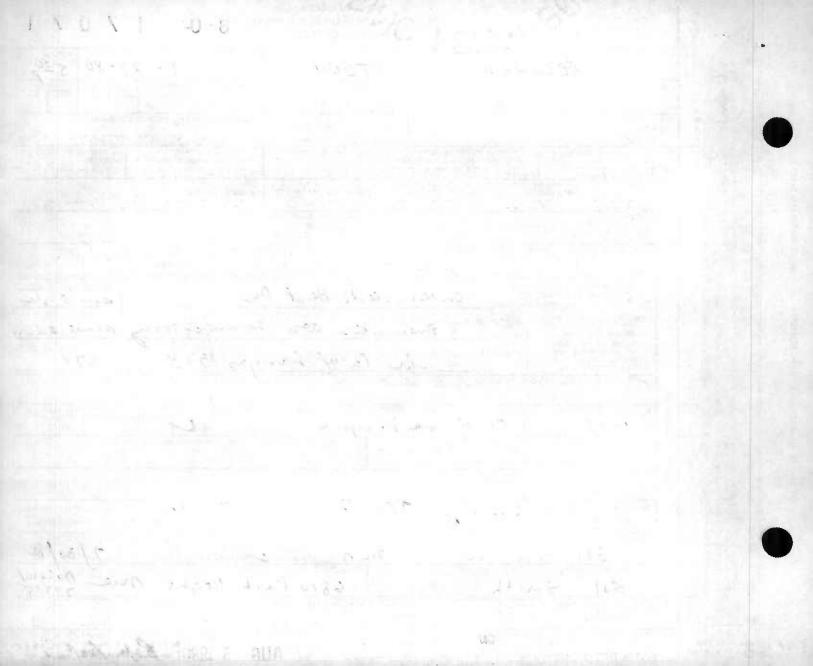
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or after o	oy the fu	10 CI	TY OR TOWN OF DEAT		II. NAME OF	HOSPITAL, NURSI CHEACILITY, GIVE STREE AND MASO	NG HOME (OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS SALES	TION	12h. KIND OF	BUSINESS OR
4D 212	d be file	13a S	L RESIDENCE IN NURSE TATE RYLAND	IG HOME OR O	OTHER INSTITUTION	GIVE RESIDENCE BEFO	RE ADMISSION)	13d INSIDE CITY LIMITS?	13. STREET ADDRES	CHARLE	S ST	
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	and 2 sh and 2 sh ingel ex		FRED C.	STAP	F	LAST			A WENDELKIN		LAST	
exec	ges 1 and co	16e V	AS DECEASED EVER I		NED FORCES?	166 SOCIAL SEC	URITY NO	17 INFORMANT	ADD	RESS		
BALTIMO ificate be e	Page 1	0	NO			215-09-	0009	HELEN G. STA	PF 10A CHOA	TE CT.	TOWSON,	MD.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST DIDING PHYSICIAN: The law requires that the death ce	veen signed by the attending price of the please remove carbon part to burial, cremation, or remained any injury, or other traumatic	TION	Canditians, if any, gave rise to immocause (a), stating underlying cause	which ediate the last	DUE TO, O (c) ONDITIONS CO	lero	DEATH BUT	NOT RELATED TO THE PERF	Leselle	0	etel (Steelse
AL REC	it permit ygiene pr 18 shows	CERTIFICATION	190 DATE OF OPERAT	ON	196 COND	ITION FOR WHICH	4 OPERATIC	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY YES	WERE FINDING ING CAUSES O	OF DEATH?
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IVISION ING PH	the burial th and Mer marked or	MEDICAL	216 INJURY OCCURRE	D LE [21e PLACE	OF INJURY REET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR T	OWN /	COUNTY	STATE
ATTEN	of Healt		270. certify that (I) (saw the deceased abave, (I), (we) (de	d alive an	2120	-/50 10		nd that in (my) (our) o pinian	, ta	-		nat (I) (we) last auses stated
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27/BP_	- ts 3 ≤	13	urial, cremation, r pecify) BURIAL	EMOVAL	JULY 3	230		EMETERY OR CREMATORY LAND MEMORIAL	23d LOCATION CITY OF TOWN PARKVILI		COUNTY	STATE MD.
DHM	1H-16 25M	24 FL	NERAL DIRECTOR		- 17 - 11	ADDRESS 4		DAY DA		R 25b. REGISTR	AR'S SIGNATIV	E
	15, 4) 1/79	MI	TCHELL-WIE	DEFEL	D HOME,	INC.	ALTO	, MD.	UG 5 ISBU	1	7	

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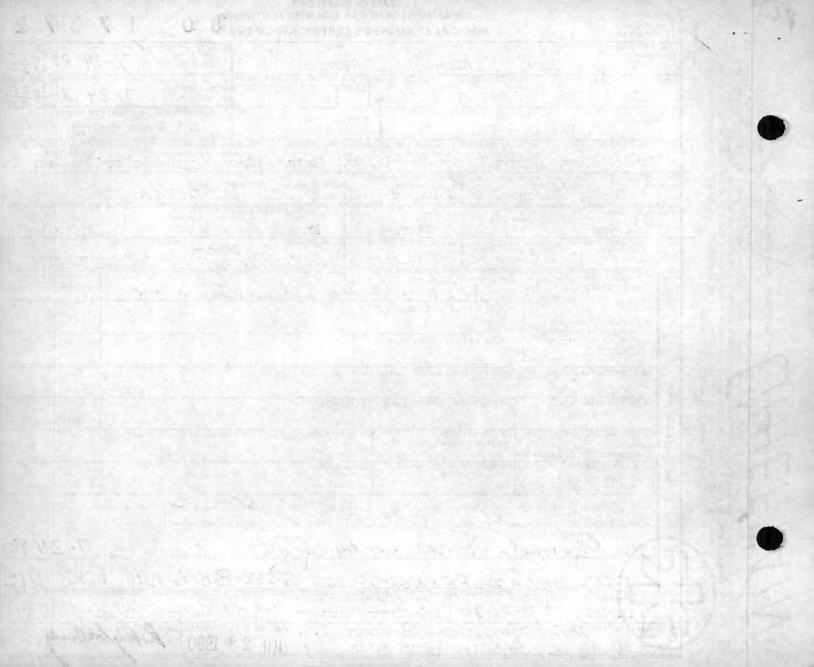
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	1	FOR STATE REGISTRAR		EALTH AND MENTAL HYG	IENE 8 0	170	7 0
(M)		CEASED NAME FIRST E OR PRINT) A LENB	D. STeise	Rwold			HOUR M
nector.	3 SE		RACE S. DATE S. DATE	DF BIRTH	A AGE IN YEAR LAST BOTH	YRS. PLHOER I YEAR FLA	HDER 24 HRS. HS MAKE
72 hours of the state of the st	9	New YORK	74.3. WIDOW		Baltimore city of	R COUNTY OF DEATH	/ MD.
by the	10.9	Pundalt 1	NAME OF HOSPITAL, NURSING HOME (FROT IN SUCH FACILITY, GIVE SPEET ACCUSED)	or other institution	120 USUAL OCCUPATH (TYPE OF WORK FOR MOST OF MEDICE)	WORKING LIFE INDUSTRY	Enelesta
should be fill examiner mu	130	ME 136/OUNTY	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13°C CITY OR TOWN	YES NO	130. STREET ADDRESS 407 NRW	PITELARS AN	9,1
1 and 2 sh	14 F	ATHER'S NAME FIRST MID	DLE LAST	15. MOTHER'S MAIDEN NAI	WIDDLE	LAST	
Pages 1 c		WAS DECEASED EVER IN U.S. ARME YES, NO PRUNKNOWN) (# YES, GIVE W		ELMORQ MIT	chell 407	New Pellahers	y ADO
d by the attending physici ase remove carbon papers, ial, cremation, or removal, y, or other traumatic even		PART I. DEATH IE hater only of PART I. DEATH WAS CAUSED BE IMMEDIATE COnditions, if only, which gove rise to immediate couse 101, stating the underlying cause lost.		erest lerestic Theo Tension	ert dise	APPROXIMATE INTERNANTE 42 MI	
to burny injur	NO	PART 2 OTHER SIGNIFICANT COI	NOITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART 1(a)	
giene prio	CERTIFICATION	198 DATE OF OPERATION	1%, CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS LIN CERTIFYING CAUSES OF D	USED DEATH?
use as the burial-transit permit. The Health and Mental Hygiene prior 1 is marked or Item 18 shows an		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]	
s the bur th and M marked	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21a PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]	211 LOCATION STREET	CITY OR TOW	OUNTY COUNTY	STATE
Dept. of		270.1 certify that (I) (this hospital) saw the deceased alive an obave, (I) (we) (did) (did not) v 27b. SGNATURE	Jul412 10800 .	DEGREE ATTENDING	death occurred an the do	ote and hour and from the couse	
h the S		WILLOW CIVE ORPR	Vade	220 ADDRESS 3005 DUN	Stow Add &	Dundalt no.	21 22
of short	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	7/24/80 73¢ NAME OF 0	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
HMH-16 25M		UNERAL DIRECTOR	Ralto Md	25e. DA	NF.3.0 %.12804	256. REGISTRANSSIGNA	4



5	1	FOR - STATE REGISTRAR	DEPAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0 1	7071	
		CEASED NAME FIRST	AHAM	STERN	REG. NO. 20. DATE OF DEATH MONTH DATE OF DEATH MONTH DATE OF DEATH MONTH DATE OF DEATH MONTH DATE OF DEATH DATE OF DEATH MONTH DATE OF DEATH DATE OF DEATH MONTH DATE OF DEATH DA	9-80 730	
	3 SE		4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	F UNDER 1 YEAR IF UNDER 74 HRS	
nce.		MALE	WHITE	APR. 14, 1896	84 YRS.	ONTHS DAYS HOURS MIN	
- En -	7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR		BALTIMORE CITY OF COUNTY	OF DEATH	
rified		RUSSIA	USA	WIDOWEDXX DIVORCED	BALTIMORE		
O Offe no		VINGS MILLS	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACRITY, GIVE STR 4-D HIAWATHA		126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SELF-EMPLOYED	124 KIND OF BUSINESS OR INDUSTRY BUTCHER	
E	USU 13e	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEI	FORE ADMISSION] DWN \$134 INSIDE CITY LIMITS?	130 STREET ADDRESS		
500			ALTO. OWINGS		4-D HIAWATHA CI	г. #21117	
exa	14. F	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	LAST	
Nedical medical		HARRY	STERN	FANNI	E	CHAIT	
t, the me	16a	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (18 YES, G NO	NAMED FORCES? 166 SOCIAL SE 219-05		VIA STERN ^{ADDR} 455D HIA LS, MD 21117		
removal.			only one cause per line for (a), (b),		٨	BETWEEN ONSET AND DEATH	
		PART I. DEATH WAS CAUS	ATE CAUSE (0)	meterty Hent	12	swell glis	
or other traun		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC (b) DUE TO, OR AS A CONSEC	neurity- 2020	Lange tong	seval duy	
injury,	7		((c)	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART NO	
any	TION	0					
shows of	CERTIFICAT	190 DATE OF OPERATION	Cary +	ch operation was performed a Larynx	YES NO YES	<u> </u>	
or Item 1		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	EATH HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	JRT 1 OR PART 2}	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY 1AT HOME, STREET, FACTORY, OFFI	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
build be detached for use as ith the State Dept. of Healti hPORTANT: If Item 21 is n		saw the deceased alive of	pital) attended the deceased from	1 1 1 2	n death occurred on the date and hour	9, that (I) (we) last ond from the couses stated	
		276 SIGNATURE DEGREE My h ATTENDING MEDICAL STAFF 7/30/80 7/30/80					
MPORTA		274 PHYSICIAN'S NAME (TYPE	orprint) MITH	6810 P	ark Heghs 1	no racing	
_	L	BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	7/31/80	BETH HAMEDROSH HAS S., INC.	CITY OF TOWN	BALTO. MD	
25M	24. F	UNERAL DIRECTOR SOL	LEVINSON & ABRO	S., INC.	AYE REC'D. BY REGISTRAR 25% REGISTR	RAR'S SIGNATURE	
1/79		6010 REISTERST	OWN RD. BALTO	MD 21215 A	UG 5 19801	May McCreedy	

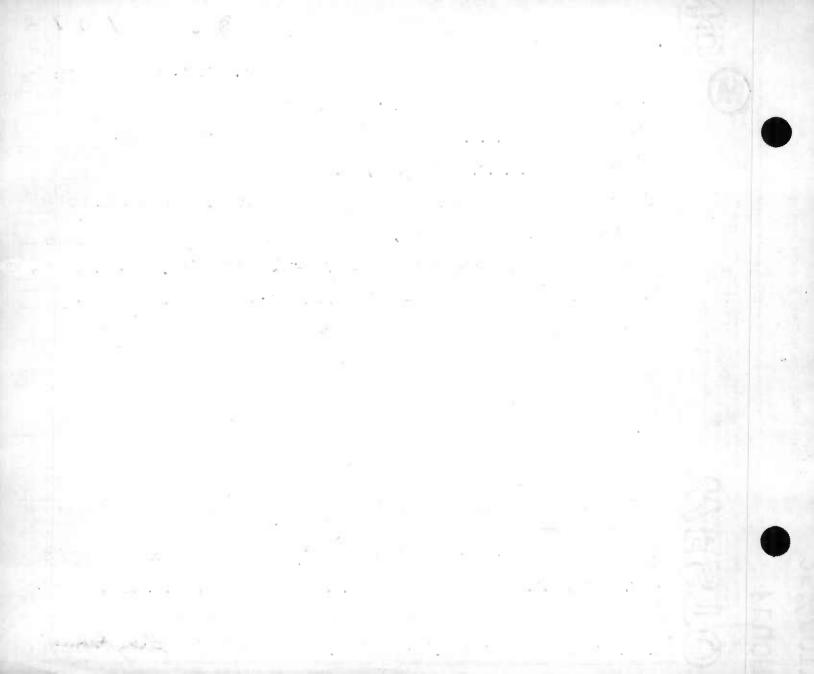


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· /		STATE REGISTRAR		MED		AMINER'S	CERTIFIC	CATE OF	DEATH	REG. NO.	1/	0/	4
1		CEASED NAME E OR PRINT)	FIRST		MIGDLE		LAST	COLES Y	20. DATE 1	ESTI- MATED	MONTH DA	Y YEAR	26. HOUR
TO# NEES NEES	1. SE	4 RACE	Tony	A DATE OF BIRTH	lbert	AGE (IN YEARS IF I	tevens	IF UNDER 24		MATED [MONTH DA	4-,80	2d HOUR
2		Male Whi	A	uly 31	YEAR	AST BIRTHDAY) MO		HOURS M	HRS. 2c. DATE IN. PRONOUN DEAD	CED	7-24	4 1980	250
5	7a. B	RTHPLACE (STATE OR REIGN COUNTRY)		CITIZEN OF WH			RIED NEV	VER MARRIED DIVORCED	12	ore city or		PEATH	MD.
0	18	TY OR TOWN OF DEAT	wn R	NAME OF HOSE (IF NOT IN SUCH FACE andalls t	own Co	nvalesce	nt Cen	ter (USUAL OCCUP FOR MOST OF WORK Fravedige	ATION (TYPE O ING LIFE) Ter-Med	adowric	CIND OF BUS OR INDUSTRY Ige Men	INESS
5	USU / 130. S	TATE MD	sing home or ot 136, COUNTY Howa:		134 CITY OR	re admission) JOWN bia	13d INSIDE (I		street addres				
,	14. F/	ATHER'S NAME	м	IDDLE	LAST	o auto	15. MOTHE	R'S MAIDEN N	NAME	OOLE		LAST	7.29
Ų		William				evens	Em				Se	vier	200
1	160 V	VAS DECEASED EVER I ES, NO, OR UNKNOWN) NO 18. CAUSE OF DEATH	(IF YES, GIVE WAR	OR DATES)	234-1	SECURITY NO. 6-9067 A	17. INFORM	Sue	Brown Ct.	, Colu	mbia,	MD 210)45
		Conditions, if or gove rise to i cause (a) stoting to lying cause last.	AS CAUSED BY IMMEDIATE C ny, which mmediate the under-	(b) DUE TO, OR A	AS A CONSEC	QUENCE OF	tie Ce		ogen ler h	reary	8.6	ETWEEN ONSET A	IND DEATH
	NOI	PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
į.	HCA)	9a DATE OF OPERAT	ION	196. CONDITI	ON FOR WHI	CH OPERATION	WAS PERFOR	MED?			20.	AUTOPSY?	IEX,
200	CAL CERTIFICATION	210 EXTERNAL CAUSI UNDERLYING OCONTRIBUTING C	R		MONTH DA	Y YEAR 21c.	HOW INJURY	OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT 1 OR PART 2)	YES 🗌	ио 🗆
	MEDICAL	21d. INJURY OCCURRI WHILE NOT V AT WORK AT WO	FD	21e. PLACE O	F INJURY (A DRY, FARM, ETC.)		OCATION STREET		CITY OR TOW	И	COUNTY		STATE
	STATE OF THE PERSON NAMED IN	22a. I certify that I t death resulted fram: ACTUAL SIGNATURE	Notural co		Accident C	Suicide C	psy , Homici	Inspection (ide	Inquiry Undetermined man	nner,	DATE	7-2	4-80
3	23a.B	EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION, RE PECIFY)	CONE MOVAL 236. D		EERR 123c NAM	E OF CEMETERY	_ADDRESS	RY 2	O Bel		LP. P.	Ke !	sels
	100	Burial	/	1-28-80	Oak	Grove C	emeter	y	Independ		Presto	in W.	VA VA
	100								D. BY REGISTRAR 2 8 1980	256 HE 18 T	BAR'S SIGNA	Credy	
	87	28 Liberty	Rd.	Kandalls	town.	MD 21133		JUL	2 0 1300		/	1	



STATE OF MARYLAND

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STATE OF MARYLAND

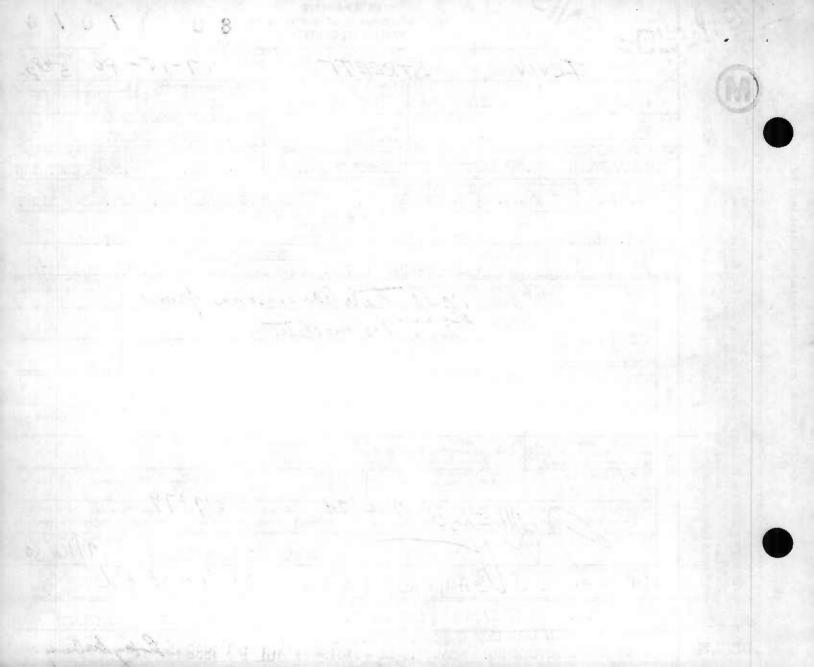
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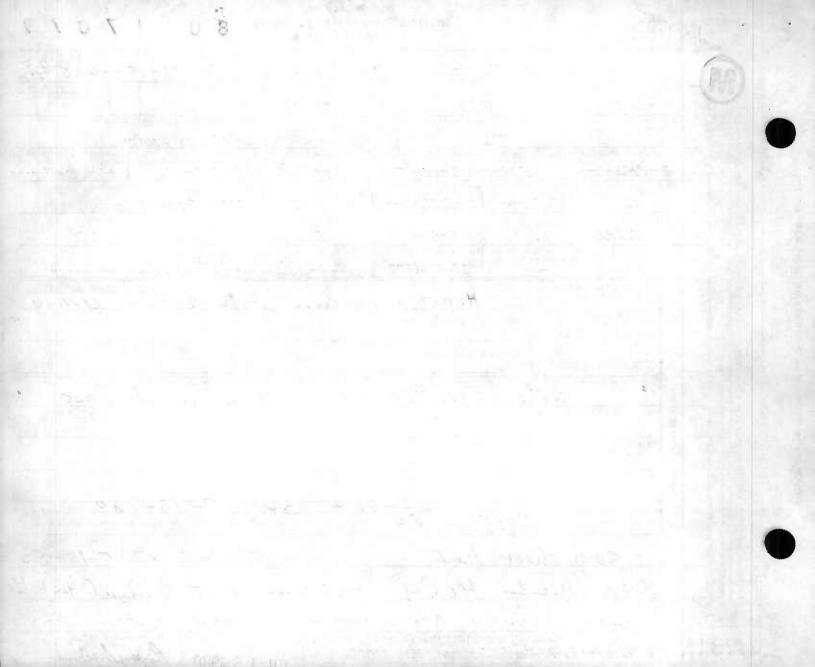
S. Francis	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 1 7 0 7 6 CERTIFICATE OF DEATH							
et 43	1 DE	CEASED NAME FIRST EARL	W •	STIVERS,	Sr.	2e DATE OF DEATH	7 13	VEAR 80	26. HOUR 5:05A	
Ouce.	3 SE	* MA LE	WHITE	5 DATE OF BIRTH	1"7	6 AGE (IN YEARS LAST BIRT	_	UNDER I YEAR	IF UNDER 24 HRS	
death nn 72 hour	Í	Maryland	76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED WIDOWED DIVORCE			RAITIMORE CITY OR COUNTY OF DEATH				
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te be exe		MAS DECEASED EVER IN U.S. ARA YES, NO ORUNKNOWN) (IF YES, GIVE WW	wed forces? ISB social security 220–09			ers, wife,		addr	ess	
res that the death certified by the attending physase remove carbon pape iial, cremation, or removy, or other traumatic ev.			y ane couse per line for (a), (b), and DBY CARD I CE CAUSE (a) UDUE TO, OR AS A CONSEQUE (b) ME TAS DUE TO, OR AS A CONSEQUE (c)	TATIC CARC				10 1	YEARS	
AN: The law requiren. an. cate has been signe if permit. Then pla ygiene prior to bur 18 shows any injur	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING TO </u>			200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	VERE FINDIN	IGS USED	
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ioSpital OH Atten ed by the hospital or a UNERAL DIRECTOR. The detached for use a the State Dept. of Heal RTANT: If Item 21 is		27e I certify that (I) (this hospite sow the deceased after a bove. (I) (we) (did) Microst 177b. SIGNATURE WILLIAM 177b. PHYSICIAN'S NAME TYPE OR	yiew the body after death. PRINT)	DEGREE ATT	19_80 Our) opinion of the second opinion of the second opinion of the second opinion of the second opinion op	nedical STAF		nd from the c		
TO FUNE should be with the S	23a. (MICHAEL B. BURIAL CREMATION, REMOVAL BURIAL	GRIECO, M.D.	GBMC AME OF CEMETERY OR CRI AT KWOOD CEM		23d LOCATION Baltim	ore, 'T	Wäryl	an d	
DHMH-16 25M (VRA 15, 4) 1/79		om munek Fune		Brehms Lane	25a. DATE	REC'D. BY REGISTRAR		-	JRE	

0 1 2 1 1 2 3 10:- 03 01 7 4 TORCOIL, Mr. SPECHIC - TEVOT E. CHANGLISSEY. Charles all serves MICHAEL O. GRICCO, M.D. . - CHE

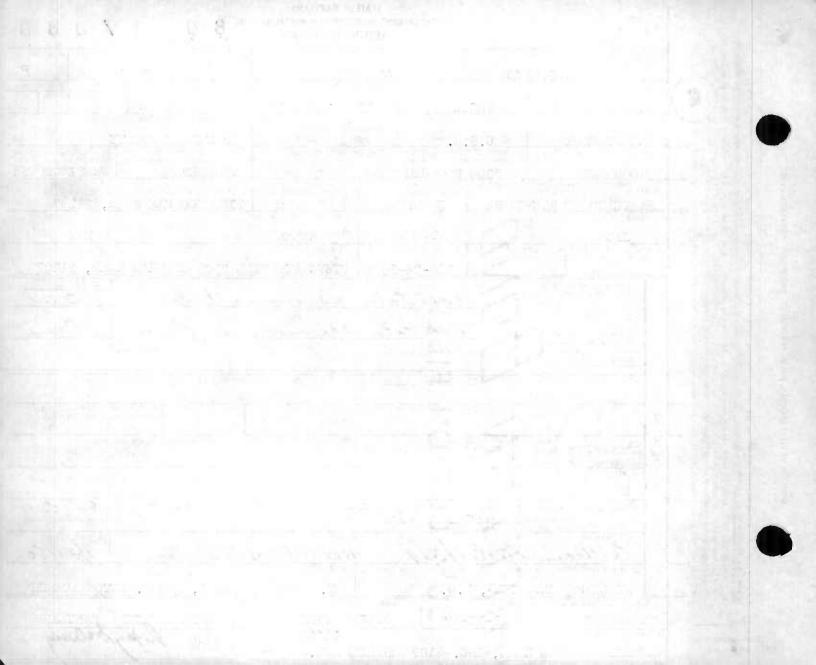
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5	Ľ	1 - STATE REGISTRAR Cecile # DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 7 7 0 7								
	I. DE	CEASED NAME FIRST C	ecile MOOTE , He	elen "s Strauss	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR A			
1 1 3 E		Ceci	le H	STRAUSS	July	7, 1980	3:20 A			
D D	3 SE	X	4 RACE	5 DATE OF BIRTH	& AGE (IN YEARS LAST BIRT	THDAY) IF UNDER I YEAR	IF UNDER 24 HRS			
rs aff	F	emal =	White	Oct. 14, 1911	68	YRS.	HOURS MIN			
hou hou		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	BALTIMORE CITY O	OR COUNTY OF DEATH				
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withii	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	URSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI		BUSINESSOI			
TOSE GO		andallstown	Baltimore (County General	Housewif		Э			
be fi	USU.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OR		113R STREET ADDRESS	Array Property				
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ts ×	14. FA	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		LAST				
10 mg 30	7	John		Lson Ceceli	a	John				
0 - E 1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SECURITY NO 17 INFORMANT	ADDRE	ESS				
oval.	1	No N/	A 212-2	26-8969 Mr. Benja	min Straus	s Same a	s # 1'			
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is deet squed by the attending of the treatment of the prior to burial, cremation, or rews any injury, or other trauma	ICATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING	EOUENCE OF		IDITION GIVEN IN PART 1(0	GS USED			
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	-1	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE O D ### ### ### ### ### ### ##########												
		1-	STATE REGISTRAR			DEF		TIFICATE OF DEAT		REG. N	10.	7 0	8	0
		1. DE	CEASED NAME	FIRST		MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	2b H	OUR
_				LIZAE	BETH		STU	RGILL			07	20 80		PN
Be	N	3. SE	X		4 RACE			TE OF BIRTH	YE AR	6 AGE (IN YEARS LAST BIR		IF UNDER 1 YE		DER 24 HRS
74	1	F	EMALE		WHI	TE		11 20	25	5		MONTHS	S HOUR	2 MIM
-			RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	RRIED NEVER MARR	RIED [BALTIMORE CITY	OR COUNTY	OF DEATH		
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mine		14 FA	THER'S NAME		MIDDLE	LAS	7	15. MOTHER'S MAI	IDEN NAM	E MIDDLE		By T	AST	
mo m	30		JACK				HOLSON	ELLE	EN	MODIE		RA		
licol			VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY N	O. 17. INFORMANT		ADDR	ESS			
med			NO	,		214-	24-369	O STEVE ST	TURGII	LL 2300 NO	ONHAM	ROAD,	2120	7
the	1		18 CAUSE OF DEATH	(Enter or	nly one couse per	line for to 1, t	b), and (c)				, .	BETWEE	DXIMATE IN N ONSET A	TERVAL ND DEATH
by the attendi ase remave car I, crematian, or ather traumati			Conditions, if any, gove rise to imm couse (01, stating underlying couse	ediote	(b)	RAS A CONS Meta RAS A CONS	state	Alenoe	anu	una Pu	oney on the	an c	87	20,
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sha,	1	ERTI	210, ACCIDENT WAS UND	RIYING F	7 216 TIME O	FINITIRY		1217 HOW IN HIPV	OCCUPE	YES NO		5 🗍	NO	
100	9		OR CONTRIBUTING C	AUSE OF DE	HOUR A.	M. MONTH	DAY Y	AR	JULIONNE	D TENTER GATORE OF INDE	AL DE HEM IS, P	ON I UK PAKI Z		
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AL DIRECTOR: Af detached for use a ate Dept. of Health IT: If them 21 is ma			27a 1 certify that (I)		77/10		0	OV	79	, to July	20	19 00	-	(we) lost
		И,	sow the decease above, (1) (we) (d	d olive on	7/10		19 40	ond that in (my) (our)	opinion de	eath accurred on the a	late and hau	r and from t	ne couses	stated
			22b. SIGNATURE DEGREE 22b. DATI SIGNED											
			Chillean Chalestrell MID ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN - 1/21/80											
PORTANT	1		22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)	/		22e ADDRESS				/	1	
MPOK	1		WILLIAM W			A.D.				SPITAL, 90	00 S.	CATON	AVEN	UE
		23¢. E	URIAL, CREMATION, P	REMOVAL	23b, DATE	0.0		OF CEMETERY OR CREM.	ATORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE
-		-	TOMBMENT		07-22	-80	L(UDON PARK	lar a	BALTIMOR		MAI	RYLAN	מא
76			NERAL DIRECTOR			ADDRE		21229	236 DATE	21 1980	per per	ymel	hereby	
		HU	BBARD FUNE	KAL F	HOME, IN	C. 410	7 WIL	ENS AVE.	hor ,	000	/	,	/	



1	1			STATE OF MARYLAND		
X		FOR - STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	17081
(PA)		CEASED NAME ROBER	T E. Swi	GER	7.24.50	DAY YEAR 2b HOUR
after,	3 SE	×	RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
72 hours	7a. B	RTHPLACE (STATE OR FOREIGN)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF COUNTY O	TY OF DEATH
od within		DUNDALK	IE NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
amuser mu	USU 13 _R	AL RESIDENCE (IF NURSING HOME OR OF STATE 136 COUNTY B)		N \$134 INSIDE CITY LIMITS?	130 STREET ADDRESS	INE RO
230		HOMER 5	DDLE LAST	15. MOTHER'S MAIDEN NA HOPE	ARMS TRON	G LAST
å /	160	NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GNE Y	WAR OR DATES)	17 INFORMANT 290 MADELINE	- SWIDER	ABOVE
ir to burial, cremation, or removal. inγ injury, or other traumatic event.	NOI	PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	rthe i M.	MINAL DISEASE OR CONDITION G	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
Mental Hygiene prio	CERTIFICATION	190 DATE OF OPERATION	1218 6	OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
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ANT: If Item 21 is a		sow the deceased alive on above. (b) (we) (did) (did not 27b. SIGNATURE	ler.		MEDICAL STAFF MEDICAL STAFF PHYSICIAN	7. 29.80.
with the State IMPORTANT:	224	224 PHYSICIAN'S NAME PLYPE OR T. A. I-Re BURIAL, CREMATION, REMOVAL	201	123 PASE		47. Mg
		SURIED	7/26/80 H	PLLY HILL	BALTO.	COUNTY STATE
H-16 25M 15, 4) 1/79	74 F	UNERAL DIRECTOR NAME CONN	ELLY BE	O MACE S. PA	TE REC'D. BY REGISTRAR 256. REG	trappe Bours

8 0 1 7 1 3 ATT THE THE PARTY OF THE 3:1/35/1 THE LA COUNTY COUNTY 7 7 7 72 DUNGBER 1937 JASHINE RD ME BALTS DELIGHER LEGIST JAMES RU HEMERS SWIGER HOVE HOVE THEN S PESSON BY IT IS IL INC WINDERFOR SELECT A BELLE BUTTED PLANTE HOLLY HILL 3.626.2 THE COLUMN EVEN SEE SEE WHELE IN THE